Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 1 of 72

| Fill in this information to identify your case: |                               |
|---|-------------------------------|
| United States Bankruptcy Court for the:         |                               |
| Northern District of: Illinois (State)          |                               |
| Case number (if known)                          | Chapter you are filing under: |
|   | Chapter 7 Chapter 11          |
|   | Chapter 12 Chapter 13         |

#### Official Form 101

### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car, "the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pá | art 1: Identify Yourself                         |                            |   |
|----|--|----------------------------|---|
|    |  | About Debtor 1:            | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name                                   | Miguel                     |   |
|    |  | First name                 | First name                                    |
|    | Write the name that is on your government-issued | _ A                        |   |
|    | picture identification (for                      | Middle name                | Middle name                                   |
|    | example, your driver's                           | Ortiz                      |   |
|    | license or passport                              | Last name                  | Last name                                     |
|    | Bring your picture                               | Sr                         | 0 (6: (0 1 11 11)                             |
|    | identification to your meeting with the trustee. | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III)                    |
| 2  | All other names you                              |                            |   |
|    | have used in the last                            | First name                 | First name                                    |
|    | 8 years  |                            |   |
|    | Lealer de conservate de se                       | Middle name                | Middle name                                   |
|    | Include your married or maiden names.            |                            |   |
|    |  | Last name                  | Last name                                     |
|    |  | First warm                 | First was                                     |
|    |  | First name                 | First name                                    |
|    |  | Middle name                | Middle name                                   |
|    |  | Widdio Hario               | Wilder  |
|    |  | Last name                  | Last name                                     |
| 3. | Only the last 4 digits                           | XXX - XX- 4434             | xxx - xx-                                     |
|    | of your Social<br>Security number or             |                            |   |
|    | federal Individual                               | OR                         | OR  |
|    | Taxpayer Identification number                   | 9 xx - xx-                 | 9 xx - xx-                                    |
|    | (ITIN)   |                            |   |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 2 of 72

| D  | ebtor 1 Miguel First Name                              | A Ortiz  Middle Name Last Name   | Case number (if known)   |
|----|--|--|--|
|    | First Name   | Middle Name Last Name  |  |
|    |  | About Debtor 1:  | About Debtor 2 (Spouse Only in a Joint Case):  |
| 4. | Any business names and Employer                        | I have not used any business names or EINs.  | I have not used any business names or EINs.  |
|    | Identification Numbers (EIN) you have used in the last | Business name  | Business name  |
|    | 8 years  | Business name  | Business name  |
|    | Include trade names and doing business as names        | EIN  | EIN  |
|    |  | EIN  | EIN  |
| 5. | Where you live   |  | If Debtor 2 lives at a different address:  |
|    |  | 4838 W Henderson St  |  |
|    |  | Number Street  | Number Street  |
|    |  | 3rd FL   |  |
|    |  | Chicago Illinois 60641   |  |
|    |  | City State Zip Code  | City State Zip Code  |
|    |  |  |  |
|    |  | Cook   | County   |
|    |  | County   | County   |
|    |  | If your mailing address is different from the one above, fill it in here. Note that the court will send any          | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to |
|    |  | notices to you at this mailing address.  | this mailing address.  |
|    |  |  |  |
|    |  | Number Street  | Number Street  |
|    |  |  |  |
|    |  |  |  |
|    |  | City State Zip Code  | City State Zip Code  |
| 6. | Why you are choosing this district                     | Check one:   | Check one:   |
|    | to file for bankruptcy                                 | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
|    |  | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   | I have another reason. Explain. (See 28 U.S.C. §§ 1408.)   |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |
|    |  |  |  |

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 3 of 72

| De  | btor 1 Miguel   | A  | Ortiz  | Case number  | er (if known)  |  |
|-----|---|--|--|--|--|--|
|     | First Name  | Middle Name  | Last Name  |  |  |  |
| Pa  | rt 2: Tell the Court Abo  | out Your Bankruptcy Ca   | ase  |  |  |  |
| 7.  | The chapter of the<br>Bankruptcy Code you<br>are choosing to file<br>under  |  | description of each, see <i>Notice I</i> 0)). Also, go to the top of page 1  |  |  | s Filing for   |
| 8.  | How you will pay the fee  | more details about cashier's check, or may pay with a cred line of the line of | e fee when I file my petition. how you may pay. Typically, money order. If your attorney dit card or check with a pre-prese in installments. If you che your Filing Fee in Installment fee be waived (You may requot required to, waive your feed line that applies to your familation, you must fill out the Apple it with your petition. | if you are paying is submitting rinted address cose this options (Official Formal est this options, and may do soly size and you | ng the fee yourself, you may your payment on your behave, on, sign and attach the <i>Appl</i> on 103A).  In only if you are filing for Chap only if your income is less u are unable to pay the fee in | y pay with cash, alf, your attorney lication for hapter 7. By law, a st than 150% of n installments). If |
| 9.  | Have you filed for<br>bankruptcy within the<br>last 8 years?  | Yes. District  District  District  | W  | hen MM / DD / Yhen MM / DD / Yhen MM / DD / Yhen   | YYYYY Case number  |  |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | Ves. Debtor District Debtor District   |  | hen MM / DD /  | Relationship to you  Case number, if known   |  |
| 11. | Do you rent your residence?   | ✓ No. Go to  | ord obtained an eviction judgme<br>line 12.<br>It <i>Initial Statement About an Evic</i><br>ankruptcy petition.  |  | <i>Against You</i> (Form 101A) and f   | iile it with   |

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 4 of 72

Ortiz Debtor 1 Miguel \_\_ Case number (if known) Middle Name Last Name Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole No. Go to Part 4. **✓** proprietor of any fullor part-time Yes. Name and location of business business? Name of business, if any A sole proprietorship is a business you operate as an Number Street individual, and is not a separate legal entity such as a corporation, partnership, or LLC. If you have more than City State Zip Code one sole proprietorship, use a Check the appropriate box to describe your business: separate sheet and Health Care Business (as defined in 11 U.S.C. § 101(27A)) attach it to this petition. Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set Chapter 11 of the appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance **Bankruptcy Code and** sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 11 16(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. V For a definition of small business debtor, No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the see 11 U.S.C. § Bankruptcy Code. 101(51D). Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have  $\overline{}$ No. any property that Yes. What is the hazard? poses or is alleged to pose a threat of imminent and If immediate attention is needed, why is it needed? identifiable hazard to public health or safety? Or do you Where is the property? own any property Street Number that needs immediate attention? For example, do you own perishable goods, City State Zip Code or livestock that must be fed, or a building that needs urgent repairs?

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 5 of 72

Debtor 1 Miguel A Ortiz Case number (if known)
First Name Middle Name Last Name

#### Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling **About Debtor 1:** About Debtor 2 (Spouse Only in a Joint Case): You must check one: You must check one: 15. Tell the court whether you have I received a briefing from an approved credit I received a briefing from an approved credit received briefing counseling agency within the 180 days before I counseling agency within the 180 days before I about credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment plan. Attach a copy of the certificate and the payment plan. The law requires that if any, that you developed with the agency. if any, that you developed with the agency. you receive a briefing about credit ☐ I received a briefing from an approved credit I received a briefing from an approved credit counseling before you counseling agency within the 180 days before I counseling agency within the 180 days before I file for bankruptcy. filed this bankruptcy petition, but I do not have a filed this bankruptcy petition, but I do not have a certificate of completion. certificate of completion. You must truthfully check one of the Within 14 days after you file this bankruptcy petition, Within 14 days after you file this bankruptcy petition, following choices. If you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment you cannot do so, you are not eligible to file. I certify that I asked for credit counseling services I certify that I asked for credit counseling services from an approved agency, but was unable to from an approved agency, but was unable to If you file anyway, the obtain those services during the 7 days after I obtain those services during the 7 days after I court can dismiss your made my request, and exigent circumstances made my request, and exigent circumstances case, you will lose merit a 30-day temporary waiver of the merit a 30-day temporary waiver of the whatever filing fee you requirement. requirement. paid, and your creditors can begin To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what requirement, attach a separate sheet explaining what collection activities efforts you made to obtain the briefing, why you were efforts you made to obtain the briefing, why you were again. unable to obtain it before you filed for bankruptcy, and unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this what exigent circumstances required you to file this Your case may be dismissed if the court is dissatisfied Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before with your reasons for not receiving a briefing before you filed for bankruptcy. you filed for bankruptcy. If the court is satisfied with your reasons, you must still If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed. If you do not do so, your case may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 15 days. I am not required to receive a briefing about credit I am not required to receive a briefing about credit counseling because of: counseling because of: Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me to Disability. My physical disability causes me to be unable to participate in a be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably tried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a briefing If you believe you are not required to receive a briefing about credit counseling, you must file a motion for about credit counseling, you must file a motion for waiver of credit counseling with the court. waiver of credit counseling with the court.

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 6 of 72

| Debtor 1 Miguel First Name  |  | Ortiz Cas<br>ast Name  | e number (if known)   |  |
|---|--|--|---|--|
|   | estions for Reporting Purposes   |  |   |  |
| 16. What kind of debts do you have?   | 16a. Are your debts primarily "incurred by an individual No. Go to line 16b. Yes. Go to line 17.  16b. Are your debts primarily  | consumer debts? Consur primarily for a personal, far business debts? Business debts? Business ovestment or through the o   | mily, or household purpose."  s debts are debts that you incustoperation of the business or inv   | rred to obtain   |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fu  |  | any exempt property is excluded<br>oute to unsecured creditors?   | and administrative   |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999  | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   | ☐ 25,001-5<br>☐ 50,001-1<br>☐ More than   |  |
| 19. How much do you estimate your assets to be worth?   | \$0-\$50,000<br>\$50,001-\$100,000<br>\$100,001-\$500,000<br>\$500,001-\$1 million   | \$1,000,001-\$10<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$10   | 0 million   | 0,001-\$1 billion<br>00,001-\$10 billion<br>000,001-\$50 billion<br>n \$50 billion                   |
| 20. How much do you estimate your liabilities to be?  |  | \$1,000,001-\$10<br>\$10,000,001-\$50<br>\$50,000,001-\$10<br>\$100,000,001-\$   | 0 million   | 0,001-\$1 billion<br>00,001-\$10 billion<br>000,001-\$50 billion<br>n \$50 billion                   |
| Part 7: Sign Below  |  |  | .f  |  |
| For you   | I have examined this petition, ar correct.  If I have chosen to file under Ch of title 11, United States Code. under Chapter 7.  If no attorney represents me and out this document, I have obtain I request relief in accordance will understand making a false stat connection with a bankruptcy coboth. 18 U.S.C. §§ 152, 1341, 1 | tapter 7, I am aware that I m<br>I understand the relief availed I did not pay or agree to pened and read the notice request that the chapter of title 11, Ustement, concealing property ase can result in fines up to 1519, and 3571. | nay proceed, if eligible, under Clable under each chapter, and loay someone who is not an atturied by 11 U.S.C. § 342(b). Inited States Code, specified in y, or obtaining money or proper \$250,000, or imprisonment for the states of the state | Chapter 7, 11,12, or 13 I choose to proceed orney to help me fill on this petition. erty by fraud in |
|   | /s/ Miguel Ortiz   | <b>&gt;</b>  |   |  |
|   | Signature of Debtor 1  |  | Signature of Debtor 2   |  |
|   | Executed on 3/2/2018<br>MM / DD  | / YYYY   | Executed on   | / YYYY   |

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 7 of 72

| Debtor 1 Miguel                                  | Α                         | Ortiz                 | Case number (if I            | known)  |
|--|---------------------------|-----------------------|------------------------------|---|
| First Name                                       | Middle Name               | Last Name             | <u> </u>                     |   |
| For your attorney, if you are represented by one | eligibility to proceed un | der Chapter 7, 11, 12 | 2, or 13 of title 11, United | ave informed the debtor(s) about<br>d States Code, and have explained the<br>lso certify that I have delivered to the |
| If you are not                                   | debtor(s) the notice requ | uired by 11 U.S.C. §  | 342(b) and, in a case in v   | which § 707(b)(4)(D) applies, certify that I  |
| represented by an                                | have no knowledge afte    | r an inquiry that the | information in the sched     | ules filed with the petition is incorrect.  |
| attorney, you do not                             | 4.4                       |                       |                              |   |
| need to file this page.                          | /s/ Elizabeth Placek      |                       | Date                         | 3/2/2018  |
|  | Signature of Attorney     | for Debtor            | M                            | M / DD / YYYY   |
|  |                           |                       |                              |   |
|  |                           |                       |                              |   |
|  | Elizabeth Placek          |                       |                              |   |
|  | Printed name              |                       |                              |   |
|  | Semrad Law Firm           |                       |                              |   |
|  | Firm name                 |                       |                              |   |
|  | 20 S. Clark Street        |                       |                              |   |
|  | Street                    |                       |                              |   |
|  | 28th Floor                |                       |                              |   |
|  | ·                         |                       |                              |   |
|  | Chicago                   |                       | Illinois                     | 60603   |
|  | City                      |                       | State                        | Zip Code  |
|  |                           |                       |                              |   |
|  | Contact phone             | 3124477838            | Email address                | eplacek@semradlaw.com   |
|  |                           |                       |                              |   |
|  | <del></del>               |                       | Illinois                     |   |
|  | Bar number                |                       | State                        |   |

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 8 of 72

| Fill in this information to identify your case: |                           |             |                      |   |  |  |  |
|---|---------------------------|-------------|----------------------|---|--|--|--|
| Debtor 1  | Miguel                    | Α           | Ortiz                |   |  |  |  |
|   | First Name                | Middle Name | Last Name            |   |  |  |  |
| Debtor 2  |                           |             |                      |   |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name            | , |  |  |  |
| United States E                                 | Bankruptcy Court for the: | Northern    | District of Illinois |   |  |  |  |
|   |                           |             | (State)              |   |  |  |  |
| Case number<br>(If known)                       |                           |             |                      |   |  |  |  |

| Check if this is an |
|---------------------|
| amended filing      |

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information 12/

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

|  | Your assets<br>Value of what you own            |
|--|---|
| . Schedule A/B: Property (Official Form 106A/B)  | \$0.00  |
| 1a. Copy line 55, Total real estate, from Schedule A/B   | ·   |
| 1b. Copy line 62, Total personal property, from Schedule A/B   | \$826.00<br>——————————————————————————————————— |
| 1c. Copy line 63, Total of all property on Schedule A/B  | \$826.00  |
| art 2: Summarize Your Liabilities  |   |
|  | <b>Your liabilities</b><br>Amount you owe       |
| Colorado do Do Conditoro Who I lava Claires Convert has Disposate (Official Forms 100D)                            | , anount you one                                |
| 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00  |
| . Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)   | \$14,531.00                                     |
| 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                     |   |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                  | \$19,675.00                                     |
| Your total liabilities   | \$34,206.00                                     |
| Part 3: Summarize Your Income and Expenses   |   |
|  |   |
| I. Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I      | \$1,692.00                                      |
| Copy your combined monthly income nom line 12 or conedule i  |   |
| . Schedule J: Your Expenses (Official Form 106J)   | \$1,517.00                                      |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 9 of 72

| Deb           | tor 1 Miguel  | Α  | Ortiz  | Case number (if known)                   |             |  |  |  |  |
|---------------|---|--|--|--|-------------|--|--|--|--|
|               | First Name  | Middle Name  | Last Name  |  |             |  |  |  |  |
| Part 4        | 4: Answer These Qu                                      | lestions for Administra  | tive and Statistical Records   | <b>.</b>                                 |             |  |  |  |  |
| 6. <b>A</b> i | re you filing for bankrupt                              | cy under Chapters 7, 11, c   | or 13?   |  |             |  |  |  |  |
| Г             | No. You have nothing t                                  | o report on this part of the fo  | orm. Check this box and submit th  | nis form to the court with your other so | hedules.    |  |  |  |  |
| Į.            | Yes.  |  |  |  |             |  |  |  |  |
|               | <u> </u>  |  |  |  |             |  |  |  |  |
| 7. <b>W</b>   | hat kind of debt do you h                               | nave?  |  |  |             |  |  |  |  |
| Ŀ             |   |  | umer debts are those incurred by a Fill out lines 8-10 for statistical pur | an individual primarily for a personal,  |             |  |  |  |  |
| _             | ,,  |  | •  |  | alla marita |  |  |  |  |
| L             |   | ith your other schedules.  | ou have nothing to report on this  | part of the form. Check this box and so  | ımaı        |  |  |  |  |
|               |   |  | _  |  |             |  |  |  |  |
|               |   | our Current Monthly Incom<br>Form 122B Line 11; <b>OR</b> , Fo                     | ne: Copy your total current monthlorm 122C-1 Line 14.                      | ly income from Official                  | \$2,875.00  |  |  |  |  |
|               |   |  |  |  |             |  |  |  |  |
| 9.            | Copy the following spec                                 | by the following special categories of claims from Part 4, line 6 of Schedule E/F: |  |  |             |  |  |  |  |
|               | From Part 4 on Schedul                                  | e E/F, copy the following:   |  | Total claim                              |             |  |  |  |  |
|               |   |  |  | \$14,531.00                              |             |  |  |  |  |
|               | 9a. Domestic support obli                               | gations (Copy line 6a.)  |  | <del></del>                              |             |  |  |  |  |
|               | 9b. Taxes and certain other                             | er debts you owe the govern  | ment. (Copy line 6b.)  | \$0.00                                   |             |  |  |  |  |
|               | 9c. Claims for death or pe                              | rsonal injury while you were   | intoxicated. (Copy line 6c.)   | \$0.00                                   |             |  |  |  |  |
|               | Od Student leans (Conv                                  | ling 6f)   |  | \$0.00                                   |             |  |  |  |  |
|               | 9d. Student loans. (Copy line 6f.)                      |  |  | <u> </u>                                 |             |  |  |  |  |
|               | 9e. Obligations arising our priority claims. (Copy line |  | or divorce that you did not report a                                       | as \$0.00                                |             |  |  |  |  |
|               | . , ,   | <i>3</i> ,   |  | \$0.00                                   |             |  |  |  |  |
|               | 9f. Debts to pension or pr                              | ofit-sharing plans, and other  | r similar debts. (Copy line 6h.)   |  |             |  |  |  |  |

\$14,531.00

9g. Total. Add lines 9a through 9f.

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 10 of 72

| Fill in this                           | information to identi   | fy your case:  |  |  |  |   |
|--|---|--|--|--|--|---|
| Debtor 1                               |   | A  | Ortiz  |  |  |   |
| Deptor I                               | Miguel<br>First Name  | Middle N   |  | <del></del>                            |  |   |
| Debtor 2<br>(Spouse, if fil            | ing) Fig. 1   |  |  |  |  |   |
| (Spouse, II III                        | <sup>ing)</sup> First Name  | Middle N   | ame Last Name  |  |  |   |
| United Sta                             | ites Bankruptcy Court   | for the: Northern  | District of Illinois (State)                                 |  |  |   |
| Case num                               | ber   |  | (Oldio)  |  |  |   |
| (If known)                             |   |  |  |  |  | Check if this is an   |
| Officia                                | I Form 106A   | √B   |  |  |  | amended filing  |
| Sched                                  | dule A/B: P   | roperty  |  |  |  | 12/1  |
| category v<br>responsibl<br>write your | where you think it fit<br>e for supplying corr<br>name and case nur | ts best. Be as complete a<br>ect information. If more s<br>nber (if known). Answer e |  | married people a<br>rate sheet to this | re filing together, both a form. On the top of any a | are equally   |
| Part 1:                                | Describe Each R   | esidence, Building, Lai  | nd, or Other Real Estate Yo                                  | ou Own or Have                         | an Interest In                                       |   |
|  |   | gal or equitable interest i  | n any residence, building, land                              | d, or similar prope                    | rty?   |   |
| <u> </u>                               | No. Go to Part 2  |  |  |  |  |   |
| ш                                      | Yes. Where is the pro   | operty?  |  |  | 5  |   |
| 1.1                                    |   |  | What is the property? Check Single-family home               | all that apply.                        | the amount of any secu                               | claims or exemptions. Put ired claims on <i>Schedule D:</i> |
|  | Street address, if ava  | ilable, or other description   | Duplex or multi-unit buildin                                 | ıg                                     | Creditors Who Have Cla                               | nims Secured by Property.                                   |
|  |   |  | Condominium or cooperati                                     |  | Current value of the entire property?                | Current value of the portion you own?                       |
|  |   |  | Manufactured or mobile ho                                    | ome                                    | ————   | ————  |
|  | Number Street   |  | Land   |  | Describe the nature o                                | f vour ownershin  |
|  |   |  | Investment property  Timeshare                               |  | interest (such as fee s                              | simple, tenancy by  |
|  | City St   | tate Zip Code  | Other  |  | the entireties, or a life                            | e estate), if known.  |
|  |   |  | Who has an interest in the prone.                            | roperty? Check                         | Check if this is co                                  | ommunity property   |
|  |   |  | Debtor 1 only  |  | Ш  |   |
|  |   |  | Debtor 2 only  |  |  |   |
|  |   |  | Debtor 1 and Debtor 2 only                                   | /                                      |  |   |
|  |   |  | At least one of the debtors                                  | and another                            |  |   |
|  |   |  | Other information you wish t                                 |  | tem, such as local                                   |   |
| If you                                 | own or have more th   | an one list here:  | property identification numb                                 | er:                                    |  |   |
| n you                                  | own or have more an   | ari orio, not rioro.   | What is the property? Check                                  | all that apply.                        |  | claims or exemptions. Put                                   |
| 1.2                                    | Street address if ava   | ilable, or other description   | Single-family home   |  |  | red claims on Schedule D: aims Secured by Property.         |
|  | Olicot address, ii ava  | mable, of other description  | Duplex or multi-unit building                                | •                                      | Current value of the                                 | Current value of the  |
|  |   |  | Condominium or cooperati                                     |  | entire property?                                     | portion you own?  |
|  |   |  | Manufactured or mobile ho                                    | me                                     |  |   |
|  | Number Street   |  | Investment property  |  | Describe the nature of                               |   |
|  |   |  | Timeshare  |  | interest (such as fee s<br>the entireties, or a life |   |
|  | City St   | tate Zip Code  | Other  |  | -  |   |
|  |   |  | Who has an interest in the prone.                            | roperty? Check                         | Check if this is co<br>(see instructions)            | mmunity property  |
|  |   |  | Debtor 1 only  |  | _  |   |
|  |   |  | Debtor 2 only  |  |  |   |
|  |   |  | Debtor 1 and Debtor 2 only                                   |  |  |   |
|  |   |  | At least one of the debtors                                  |  |  |   |
|  |   |  | Other information you wish t<br>property identification numb |  | em, such as local                                    |   |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 11 of 72

| Debtor 1                              | Miguel<br>First Name   | A<br>Middle Name                    | Ortiz<br>Last Name   | Case numbe         | er (if known)   |   |
|---------------------------------------|--|-------------------------------------|--|--------------------|---|---|
|                                       | eet address, if available, or othe   |                                     | What is the property? Check all the Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | at apply.          | the amount of any secu Creditors Who Have Cla Current value of the entire property?  Describe the nature of | -   |
| City                                  | / State  | [<br>[<br>[                         | Timeshare Other  Who has an interest in the proper Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and a                          | another            | (see instructions)  |   |
|                                       | I the dollar value of the porti<br>ave attached for Part 1. Writ             | on you own for a<br>e that number h |  | cluding any entrie | s for pages   |   |
| Do you ov<br>you own t<br>3. Cars, va | that someone else drives. If you<br>ans, trucks, tractors, sport utilit<br>o | u lease a vehicle,                  | t in any vehicles, whether they an<br>also report it on Schedule G: Execu<br>cycles  | -                  | -   |   |
| 3.1                                   |  |                                     | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communitinstructions)         | ,<br>and another   | the amount of any secu  | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |
| 3.2                                   | Make Model: Year: Approximate mileage: Other information:                    |                                     | Who has an interest in the prone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors Check if this is communitinstructions)         | ,<br>and another   | the amount of any secu  | claims or exemptions. Put ured claims on Schedule D: aims Secured by Property.  Current value of the portion you own? |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 12 of 72

| First Name  | A<br>Middle Name           | Ortiz<br>Last Name   | Case numbe                                       | er (if known)   |  |
|---|----------------------------|--|--|---|--|
| 3.3 Make Model: Year: Approximate miles                                   |                            | Who has an interest in the pone.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 on At least one of the debtors         | ly   | the amount of any secu  | claims or exemptions. Pured claims on Schedule in items Secured by Property  Current value of the portion you own? |
|   |                            | Check if this is commun instructions)  |  |   |  |
| 3.4 Make Model: Year: Approximate milea                                   |                            | Who has an interest in the pone.  Debtor 1 only Debtor 2 only  | property? Check                                  | the amount of any secu  | claims or exemptions. Pured claims on Schedule in the secured by Property  Current value of the                    |
| Other information   |                            | Debtor 1 and Debtor 2 on  At least one of the debtors  Check if this is commun   | and another                                      | entire property?  | portion you own?   |
|   |                            | instructions) other recreational vehicles, other craft, fishing vessels, snowmobiles, n                                    | · ·  |   |  |
|   |                            | other recreational vehicles, other   | notorcycle accessor                              | ies   | claims or exemptions. Pu   |
| Examples: Boats, trailer  No Yes  | s, motors, personal waterd | other recreational vehicles, other craft, fishing vessels, snowmobiles, n  | notorcycle accessor                              | Do not deduct secured the amount of any secu  | red claims on Schedule   |
| Examples: Boats, trailer  No Yes  4.1 Make Model: Year: Approximate miles | s, motors, personal waterd | who has an interest in the pone.  Debtor 1 only  Debtor 2 only   | property? Check by stand another                 | Do not deduct secured the amount of any secu Creditors Who Have Cla   | red claims on Schedule and ims Secured by Property.  Current value of the  |
| Examples: Boats, trailer  No Yes  4.1 Make Model: Year: Approximate miles | ge:                        | who has an interest in the pone.  Debtor 1 only Debtor 2 only At least one of the debtors  Check if this is communication. | property? Check by and another ity property (see | Do not deduct secured the amount of any secu Creditors Who Have Clas  Current value of the entire property?  Do not deduct secured the amount of any secu | ired claims on Schedule in irred secured by Property  Current value of the   |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 13 of 72

| De       | ebtor 1                  | Miguel<br>First Name               | A<br>Middle Name   | Ortiz<br>Last Name             | Case number (if known)              |  |
|----------|--------------------------|------------------------------------|--|--------------------------------|-------------------------------------|--|
| Pa       | rt 3:                    |                                    | our Personal and Household   |                                |                                     |  |
| D        | o you                    | own or hav                         | e any legal or equitable inter   | rest in any of the follow      | ing items?                          | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|          | Examp                    | _                                  | and furnishings<br>liances, fumiture, linens, china, kitcl                                     | henware                        |                                     |  |
| <u>√</u> | No<br>Yes. [             | Describe                           | Misc Furniture   |                                |                                     | \$200.00   |
|          |                          | t <b>ronics</b><br>les: Television | s and radios; audio, video, stereo, a  | and digital equipment; comp    | uters, printers, scanners; music    |  |
| <u></u>  |                          | Describe                           | (1)TV (1)Cellphone   |                                |                                     | \$200.00   |
|          | Examp                    |                                    | ue<br>und figurines; paintings, prints, or o<br>in, or baseball card collections; othe         |                                |                                     |  |
|          | No<br>Yes. [             | Describe                           |  |                                |                                     |  |
|          |                          | les: Sports, ph                    | rts and hobbies<br>otographic, exercise, and other hob<br>s; carpentry tools; musical instrume |                                | ol tables, golf clubs, skis; canoes |  |
| <b>✓</b> | No<br>Yes. [             | Describe                           |  |                                |                                     |  |
| _        | 0. Fire                  | arme                               |  |                                |                                     |  |
|          |                          |                                    | es, shotguns, ammunition, and rela   | ated equipment                 |                                     |  |
|          |                          | Describe                           |  |                                |                                     |  |
|          | <b>1. Clo</b> t<br>Examp |                                    | clothes, furs, leather coats, designer   | r wear, shoes, accessories     |                                     |  |
|          | No<br>Voc. 1             | Dogoribo                           | Llead Clath as   |                                |                                     | 1  |
| ⊻        | 162. L                   | Describe                           | Used Clothes   |                                |                                     | \$350.00   |
|          |                          | -                                  | ewelry, costume jewelry, engageme<br>r   | ent rings, wedding rings, heir | rloom jewelry, watches, gems,       |  |
| ✓        | No<br>Yes. [             | Describe                           | Used Jewelry   |                                |                                     | \$75.00  |
|          |                          | n-farm animal<br>les: Dogs, cats   | s, birds, horses   |                                |                                     | 1  |
| ✓        | No                       | S 9                                |  |                                |                                     | 1  |
| Ц        | Yes. [                   | Describe                           |  |                                |                                     |  |
|          | <b>4. Any</b><br>No      | other persor                       | al and household items you did   | not already list, including    | any health aids you did not list    |  |
|          |                          | Describe                           |  |                                |                                     |  |
| Ц        |                          |                                    | 1  |                                |                                     |  |
|          |                          |                                    | lue of all of your entries from Pa<br>number here  | ert 3, including any entries   | for pages you have attached         | \$825.00   |

#### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 14 of 72

Debtor 1 Miguel Ortiz Case number (if known) Middle Name First Name Last Name Part 4: **Describe Your Financial Assets** Current value of the Do you own or have any legal or equitable interest in any of the following? portion you own? Do not deduct secured claims or exemptions. 16. **Cash** Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition **✓** No Yes ..... Cash: ..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. Institution name: \$1.00 Bank of America 17.1. Checking account: 17.2. Checking account: 17.3. Savings account: 17.4. Savings account: 17.5. Certificates of deposit: 17.6. Other financial account: 17.7. Other financial account: 17.8. Other financial account: 17.9. Other financial account: 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts **✓** No Institution or issuer name: Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture **✓** No % of ownership: Name of entity Yes. Give specific information about

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 15 of 72

| Deb.  | tor 1 Miguel                         | A Middle Nome  | Ortiz                       | Case number (if known)                        |     |  |  |  |  |
|---|--------------------------------------|--|-----------------------------|---|-----|--|--|--|--|
|   | First Name                           | Middle Name  | Last Name                   |   |     |  |  |  |  |
| 20. <b>Government and corporate bonds and other negotiable and non-negotiable instruments</b> Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. |                                      |  |                             |   |     |  |  |  |  |
|   |                                      |  |                             |   |     |  |  |  |  |
|   |                                      | Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. |                             |   |     |  |  |  |  |
|   | ✓ No                                 |  |                             |   |     |  |  |  |  |
|   | Yes. Give specific information about | Issuer name:   |                             |   |     |  |  |  |  |
|   | them                                 | issuel fidifie.  |                             |   |     |  |  |  |  |
|   |                                      |  |                             |   | _   |  |  |  |  |
|   |                                      |  |                             |   |     |  |  |  |  |
|   |                                      |  |                             |   |     |  |  |  |  |
| 21  | Retirement or pension                | accounts   |                             |   |     |  |  |  |  |
| 21.   |                                      |  | , thrift savings accour     | nts, or other pension or profit-sharing plans |     |  |  |  |  |
|   | <b>✓</b> No                          |  |                             |   |     |  |  |  |  |
|   | Yes. List each                       | Type of account:   | Institution name:           |   |     |  |  |  |  |
|   | account                              | 401(k) or similar plan:  |                             |   |     |  |  |  |  |
|   | separately.                          | Pension plan:  |                             |   | -   |  |  |  |  |
|   |                                      | IRA:   |                             |   | _   |  |  |  |  |
|   |                                      |  | -                           |   |     |  |  |  |  |
|   |                                      | Retirement account:  | -                           |   |     |  |  |  |  |
|   |                                      | Keogh:   |                             |   | _   |  |  |  |  |
|   |                                      | Additional account:  |                             |   |     |  |  |  |  |
|   |                                      | Additional account:  |                             |   | _ : |  |  |  |  |
| 22.   | Security deposits and                | prepayments  |                             |   |     |  |  |  |  |
|   |                                      | I deposits you have made so that with landlords, prepaid rent, public                              |                             |   |     |  |  |  |  |
|   | companies, or others                 | with landiords, propala fort, public   | o dillitico (cicotilo, gao, | water), tolescommunications                   |     |  |  |  |  |
|   | <b>✓</b> No                          |  | Institution name:           |   |     |  |  |  |  |
|   | Yes                                  | Electric:  |                             |   |     |  |  |  |  |
|   |                                      | Gas:   |                             |   |     |  |  |  |  |
|   |                                      | Heating oil:   |                             |   |     |  |  |  |  |
|   |                                      | Security deposit on rental unit:   |                             |   |     |  |  |  |  |
|   |                                      | Prepaid rent:  |                             |   | -   |  |  |  |  |
|   |                                      | Telephone:   |                             |   | -   |  |  |  |  |
|   |                                      | Water:   |                             |   |     |  |  |  |  |
|   |                                      | Rented furniture:  |                             |   |     |  |  |  |  |
|   |                                      | Other:   |                             |   | _   |  |  |  |  |
| 23.   | Annuities (A contract fo             | or a periodic payment of money to  | you, either for life or     | for a number of years)                        |     |  |  |  |  |
|   | ✓ No                                 | , , ,  | •                           | • ,   |     |  |  |  |  |
|   | Yes                                  | Issuer name and description:   |                             |   |     |  |  |  |  |
|   | <b>—</b>                             |  |                             |   |     |  |  |  |  |
|   |                                      |  |                             |   | _   |  |  |  |  |
|   |                                      |  |                             |   | -   |  |  |  |  |
|   |                                      |  |                             |   |     |  |  |  |  |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 16 of 72

| Debt | or 1 Miguel<br>First Name  | A Ortiz Case number (if known)  Middle Name Last Name   |  |
|------|--|---|--|
| 24.  |  | an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition pro   | gram.  |
|      |  | 530(b)(1), 529A(b), and 529(b)(1).  | •  |
|      | No Yes   | Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):  |  |
|      |  |   |  |
|      |  | ·   |  |
| 25.  | Trusts equit   | table or future interests in property (other than anything listed in line 1), and rights or powers  |  |
| 20.  |  | for your benefit  |  |
|      | <b>✓</b> No  |   |  |
|      | Yes. Desc  | cribe   |  |
| 26   | Potento con  | purights trademarks trade searchs and other intellectual property   |  |
| 26.  |  | oyrights, trademarks, trade secrets, and other intellectual property ternet domain names, websites, proceeds from royalties and licensing agreements  |  |
|      | ✓ No   |   |  |
|      | Yes. Desc  | cribe   |  |
|      |  |   |  |
| 27.  |  | anchises, and other general intangibles<br>uilding permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses  |  |
|      | <b>✓</b> No  |   |  |
|      | Yes. Desc  | cribe   |  |
|      |  |   |  |
|      |  |   |  |
| Mor  | ney or prope   | rty owed to you?  | Current value of the portion you own?  Do not deduct secured claims or exemptions.   |
|      | ney or prope   |   | portion you own?  Do not deduct secured  |
|      | Tax refunds o  | owed to you   | <b>portion you own?</b> Do not deduct secured claims or exemptions.  |
|      | Tax refunds of No Yes. Give:   | specific information ut them, including whether   | portion you own? Do not deduct secured claims or exemptions.   |
|      | Tax refunds or  No Yes. Give about your  | specific information Federal:   | <b>portion you own?</b> Do not deduct secured claims or exemptions.  |
| 28.  | Tax refunds or  No Yes. Give about you and the   | specific information ut them, including whether already filed the returns the tax years   | portion you own? Do not deduct secured claims or exemptions.   |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information ut them, including whether already filed the returns the tax years   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information ut them, including whether already filed the returns the tax years Local:  ort et due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property sett  | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information ut them, including whether already filed the returns the tax years   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information ut them, including whether already filed the returns the tax years  Local:  ort st due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property sett   | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information ut them, including whether already filed the returns the tax years   | portion you own? Do not deduct secured claims or exemptions.  \$0.00  \$0.00  \$0.00  \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and the support of the sup | specific information ut them, including whether already filed the returns the tax years  Local:  ort st due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property sett specific information  Alimony: Maintenance: | portion you own? Do not deduct secured claims or exemptions.  \$0.00 \$0.00 \$0.00  lement  \$0.00 \$0.00 \$0.00   |
| 28.  | Tax refunds or  No Yes. Give about your and  | specific information ut them, including whether already filed the returns the tax years   | ## square specific provided color by the color of the col |
| 28.  | Tax refunds or  No Yes. Give about you and   | specific information ut them, including whether already filed the returns the tax years   | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds or  No Yes. Give about you and   | specific information ut them, including whether already filed the returns the tax years   | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |
| 28.  | Tax refunds or  No Yes. Give about you and   | specific information ut them, including whether already filed the returns the tax years   | \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00  |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 17 of 72

| Deb  | tor 1 Miguel                                   | Α  | Ortiz   | Case number (if known)                          |  |
|------|--|--|---|---|--|
|      | First Name                                     | Middle Name  | Last Name   |   |  |
| 31.  | Interests in insurance Examples: Health, disab |  | savings account (HSA); credit,                                | homeowner's, or renter's insurance              |  |
|      | Yes. Name the insure of each policy and        | irance company   | ompany name:  | Beneficiary:                                    | Surrender or refund value:   |
| 32.  |  |  |   | icy, or are currently entitled to receive       |  |
|      | No Yes. Describe                               |  |   |   |  |
| 33.  |  | parties, whether or not you<br>mployment disputes, insurar | ı have filed a lawsuit or mad<br>nce claims, or rights to sue | e a demand for payment                          |  |
|      | No Yes. Describe                               |  |   |   |  |
| 34.  | Other contingent and to set off claims         | unliquidated claims of ev                                  | ery nature, including counte                                  | rclaims of the debtor and rights                |  |
|      | ✓ No Yes. Describe                             |  |   |   |  |
| 35.  | Any financial assets y                         | ou did not already list                                    |   |   |  |
|      | Yes. Describe                                  |  |   |   |  |
| 36.  |  | •  | art 4, including any entries                                  | for pages you have attached                     | \$1.00   |
| Part | 5: Describe Any B                              | usiness-Related Prope                                      | rty You Own or Have an  | Interest In. List any real estate in Par        | t1.  |
| 37.  | Do you own or have a                           | ny legal or equitable inter                                | est in any business-related (                                 | property?                                       |  |
|      | No. Go to Part 6. Yes. Go to line 38.          |  | ·   |   | Current value of the portion you own? Do not deduct secured claims |
| 38.  | Accounts receivable                            | or commissions you alread                                  | ly earned   |   | or exemptions  |
|      | Ves. Describe                                  |  |   |   |  |
| 39.  |  |  | odems, printers, copiers, fax r                               | nachines, rugs, telephones, desks, chairs, elec | etronic devices  |
|      | Yes. Describe                                  |  |   |   |  |
|      |  |  |   |   |  |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 18 of 72

| Debt         | tor 1 Miguel                          | A                        | Ortiz                      | Case number (if known)             |                              |
|--------------|---------------------------------------|--------------------------|----------------------------|------------------------------------|------------------------------|
|              | First Name                            | Middle Name              | Last Name                  |                                    |                              |
| 40.          | Machinery, fixtures, equipment, s     | applies you use in       | business, and tools of     | your trade                         |                              |
|              | <b>✓</b> No                           |                          |                            |                                    |                              |
|              | Yes. Describe                         |                          |                            |                                    |                              |
|              | Tes. Describe                         |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    | I .                          |
| 41           | Inventory                             |                          |                            |                                    |                              |
| 71.          | inventory                             |                          |                            |                                    |                              |
|              | ✓ No                                  |                          |                            |                                    |                              |
|              | Yes. Describe                         |                          |                            |                                    |                              |
|              | _                                     |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    |                              |
| 42.          | Interests in partnerships or joint v  | entures                  |                            |                                    |                              |
|              | ✓ No                                  |                          |                            |                                    |                              |
|              |                                       | Name                     | of entity:                 | % of ownership:                    |                              |
|              | Yes. Give specific information about  |                          |                            |                                    |                              |
|              | them                                  |                          |                            |                                    | <del>_</del>                 |
|              |                                       |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    | <del>_</del>                 |
| 43. <b>C</b> | Customer lists, mailing lists, or oth | er compilations          |                            |                                    |                              |
|              | <b>✓</b> No                           |                          |                            |                                    |                              |
|              | Yes. Do your lists include persor     | nally identifiable info  | rmation (as defined in 11  | IISC 8 101(41A))?                  |                              |
|              | Tes. De your lists include person     | rany lacrimable irrior   | imation (as actifica in 11 | 0.5.5. § 101(417y):                |                              |
|              | No                                    |                          |                            |                                    |                              |
|              | Yes. Describe                         |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    |                              |
| 44.          | Any business-related property you     | ı did not already li     | st                         | ·                                  |                              |
|              |                                       |                          |                            |                                    |                              |
|              | ✓ No                                  |                          |                            |                                    | <u> </u>                     |
|              | Yes. Give specific                    |                          |                            |                                    |                              |
|              | information                           |                          |                            |                                    | <del></del>                  |
|              |                                       |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    | <del></del>                  |
|              |                                       |                          |                            |                                    | <u> </u>                     |
|              |                                       |                          |                            |                                    |                              |
| 45. A        | dd the dollar value of all of your en | tries from Part 5, i     | ncluding any entries for   | or pages you have attached         |                              |
|              |                                       |                          |                            |                                    |                              |
| <u> </u>     |                                       |                          |                            |                                    |                              |
| Part         |                                       |                          |                            | ty You Own or Have an Interest In. |                              |
|              | If you own or have an interest in far | mland, list it in Part 1 |                            |                                    |                              |
| 46.          | Do you own or have any legal or e     | quitable interest i      | n any farm- or comme       | rcial fishing-related property?    |                              |
|              |                                       |                          | •                          |                                    | Current value of the         |
|              | No. Go to Part 7.                     |                          |                            |                                    | portion you own?             |
|              | Yes. Go to line 47.                   |                          |                            |                                    | Do not deduct secured claims |
|              |                                       |                          |                            |                                    | or exemptions                |
| 47.          | Farm animals                          |                          |                            |                                    |                              |
|              | Examples: Livestock, poultry, farm-re | aised fish               |                            |                                    |                              |
|              | <b>✓</b> No                           |                          |                            |                                    |                              |
|              | Yes. Describe                         |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    |                              |
|              |                                       |                          |                            |                                    |                              |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 19 of 72

| Debt           | or 1     | Miguel<br>First Name                         | A<br>Middle Name  | Ortiz<br>Last Name   | Case number (if known)       |            |
|----------------|----------|--|---|----------------------|------------------------------|------------|
| 48.            | Cro      | ps-either growing                            | or harvested  |                      |                              |            |
|                | <b>✓</b> | No<br>Yes. Describe                          |   |                      |                              |            |
| 49.            | Far      | m and fishing equi                           | pment, implements, machinery, fi                                  | xtures, and tools o  | f trade                      |            |
|                | <b>✓</b> | No   |   |                      |                              |            |
|                |          | Yes. Describe                                |   |                      |                              |            |
| 50.            | Far      | m and fishing supp                           | lies, chemicals, and feed   |                      |                              |            |
|                | <b>✓</b> | No   |   |                      |                              |            |
|                |          | Yes. Describe                                |   |                      |                              |            |
| 51.            | Any      | y farm- and comme                            | rcial fishing-related property you                                | did not already list | t                            |            |
|                | <b>✓</b> | No   |   |                      |                              |            |
|                |          | Yes. Describe                                |   |                      |                              |            |
|                |          |  |   |                      |                              |            |
|                |          |  | II of your entries from Part 6, incl<br>r here                    |                      | or pages you have attached   |            |
|                |          |  |   |                      |                              |            |
|                |          |  |   |                      |                              |            |
| Part 7         |          |  | perty You Own or Have an In                                       |                      | ou Did Not List Above        |            |
| 53.            |          |  | perty of any kind you did not alrea<br>s, country club membership | ady list?            |                              |            |
|                | <b>✓</b> | No   |   |                      |                              |            |
|                |          | Yes. Give specific information               |   |                      |                              |            |
|                |          |  |   |                      |                              |            |
| E4 A4          | 14 +I    | as dellar value of a                         | II of your optrion from Part 7 Writ                               | to that number ber   | e                            | •          |
| J4. A          | Ju ti    | ie dollar value of a                         | ii oi your entiles iioili Fait 7. Wili                            | te that humber here  | c                            |            |
|                |          |  |   |                      |                              |            |
|                |          |  |   |                      |                              |            |
| Part 8         | 3:       | List the Totals of                           | f Each Part of this Form  |                      |                              |            |
| 55. <b>F</b>   | art      | 1: Total real estate                         | e, line 2   |                      |                              | <b>—</b>   |
|                |          |  |   |                      |                              |            |
| 1              |          | 2 total vehicles, lin<br>3: Total personal a | e 5<br>nd household items, line 15                                | #825 00              |                              |            |
| 58. <b>P</b>   | art 4    | 4: Total financial as                        | ssets, line 36  | \$825.00<br>\$1.00   |                              |            |
| 59. <b>F</b>   | art      | 5: Total business-r                          | elated property, line 45  | \$1.00               |                              |            |
| 60. <b>F</b>   | art      | 6: Total farm- and                           | fishing-related property, line 52                                 | -                    |                              |            |
| 61. <b>F</b>   | art      | 7: Total other prop                          | erty not listed, line 54  |                      |                              |            |
| 62. <b>T</b>   | ota      | l personal property                          | . Add lines 56 through 61   | \$826.00             |                              | + \$826.00 |
|                |          |  |   |                      | Copy personal property total |            |
| 63. <b>T</b> c | otal     | of all property on S                         | Schedule A/B. Add line 55 + line 62                               |                      |                              | \$826.00   |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 20 of 72

| Fill in this information to identify your case: |                           |             |                              |  |  |  |  |
|---|---------------------------|-------------|------------------------------|--|--|--|--|
| Debtor 1  | Miguel                    | А           | Ortiz                        |  |  |  |  |
|   | First Name                | Middle Name | Last Name                    |  |  |  |  |
| Debtor 2  |                           |             |                              |  |  |  |  |
| (Spouse, if filing)                             | First Name                | Middle Name | Last Name                    |  |  |  |  |
| United States B                                 | Sankruptcy Court for the: | Northern    | District of Illinois (State) |  |  |  |  |
| Case number<br>(If known)                       |                           |             | (State)                      |  |  |  |  |

#### Official Form 106C

### Check if this is an amended filing

#### Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | Identify the Property You Clair   | n as Exempt   |   |                                    |  |
|----|---|---|---|------------------------------------|--|
| 1. | Which set of exemptions are you claim   | ing? Check one only, ev   | ven if your spouse is filing with you.  |                                    |  |
|    | You are claiming state and federal  | nonbankruptcy exemp   | otions. 11 U.S.C. § 522(b)(3)   |                                    |  |
|    | You are claiming federal exemption  | ns. 11 U.S.C. § 522(b)(2  | 2)  |                                    |  |
| 2. | For any property you list on Schedule A   | /B that you claim as e  | xempt, fill in the information below.   |                                    |  |
|    | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own<br>Copy the value from<br>Schedule A/B | Amount of the exemption you claim  Check only one box for each exemption.                           | Specific laws that allow exemption |  |
|    | Brief description:  Checking account, Bank of America  Line from Schedule A/B:  17  | \$1.00  | \$1.00  100% of fair market value, up to any applicable statutory limit                             | 735 ILCS 5/12-1001(b)              |  |
|    | Brief description:  Misc Furniture  Line from Schedule A/B: 06                      | \$200.00  | \$200.00  100% of fair market value, up to any applicable statutory limit                           | 735 ILCS 5/12-1001(b)              |  |
| 3. | ✓ No  | ery 3 years after that for  | 375? cases filed on or after the date of adjustment.) vithin 1,215 days before you filed this case? |                                    |  |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 21 of 72

| Del | otor 1 Miguel A   |  | Ortiz     | Case number (if known)                           |                                    |
|-----|---|--|-----------|--|------------------------------------|
|     | First Name Mide   | dle Name                                   | Last Name |  |                                    |
| Par | 2: Additional Page  |  |           |  |                                    |
|     | Brief description of the property and line on Schedule A/B that lists this property | Current value of<br>the portion you<br>own |           | exemption you claim  box for each exemption.     | Specific laws that allow exemption |
|     |   | Copy the value from<br>Schedule A/B        |           |  |                                    |
|     | Brief   |  |           |  | 735 ILCS 5/12-1001(a)              |
|     | description: Used Clothes   | \$350.00                                   | <b>✓</b>  | \$350.00   | _                                  |
|     | Line from Schedule A/B: 11  |  |           | air market value, up to any<br>statutory limit   |                                    |
|     | Brief   |  |           |  | 735 ILCS 5/12-1001(b)              |
|     | description:<br>(1)TV (1)Cellphone  | \$200.00                                   | <b>✓</b>  | \$200.00   |                                    |
|     | Line from Schedule A/B: 07  |  |           | air market value, up to any<br>statutory limit   |                                    |
|     | Brief   |  |           |  | 735 ILCS 5/12-1001(b)              |
|     | description: Used Jewelry   | \$75.00                                    | <b>✓</b>  | \$75.00  | _                                  |
|     | Line from Schedule A/B: 12  |  |           | air market value, up to any<br>e statutory limit |                                    |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 22 of 72

|                        |                                | _  |   |   |                                   |                                    |
|------------------------|--------------------------------|--|---|---|-----------------------------------|------------------------------------|
| Fill in this info      | rmation to identify your c     | ase:   |   |   |                                   |                                    |
| Debtor 1               | Miguel                         | Α  | Ortiz   |   |                                   |                                    |
|                        | First Name                     | Middle Name  | Last Name   |   |                                   |                                    |
| Debtor 2               |                                |  |   |   |                                   |                                    |
| (Spouse, if filing)    | First Name                     | Middle Name  | Last Name   |   |                                   |                                    |
| United States          | Bankruptcy Court for the:      | Northern   | District of Illinois  |   |                                   |                                    |
|                        |                                |  | (State)   |   |                                   |                                    |
| Case number (If known) |                                |  |   |   |                                   |                                    |
| Official               | Form 106D                      |  |   | J   |                                   | Check if this is an amended filing |
| Schedi                 | ule D: Credit                  | ors Who Hav  | ve Claims Secure  | ed by Prop  | erty                              | 12/15                              |
| more space is          |                                |  | e are filing together, both are equals<br>ber the entries, and attach it to t |   |                                   |                                    |
| 1. Do any              | creditors have claims          | secured by your propert                                    | y?  |   |                                   |                                    |
| ✓ No.                  | Check this box and sub         | mit this form to the court w                               | vith your other schedules. You hav  | e nothing else to repo                                  | ort on this form.                 |                                    |
| Yes                    | Fill in all of the information | on below.  |   |   |                                   |                                    |
| Part 1: List           | All Secured Claims             |  |   |   |                                   |                                    |
|                        |                                |  | ed claim, list the creditor separately  | Column A  | Column B                          | Column C                           |
|                        |                                | ditor has a particular claim, alphabetical order according | list the other creditors in Part 2. As g to the creditor's name.              | Amount of claim  Do not deduct the value of collateral. | Value of collateral that supports | Unsecured portion                  |

this claim

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 23 of 72

| Fill in t  | his inforr   | mation to identify your   | case:   |  |   |  |   |   |
|--|--|---|---|--|---|--|---|---|
| Debtor   | · 1  | Miguel  | Α   | Ortiz  |   |  |   |   |
| Debtor   | . 2  | First Name  | Middle Name   | Last Name  |   |  |   |   |
| (Spouse  |  | First Name  | Middle Name   | Last Name  |   |  |   |   |
| United   | States B   | ankruptcy Court for the   | : Northern  | District of Illinois (State)   |   |  |   |   |
| Case n<br>(If known                              | iumber<br>1)   |   |   |  |   |  |   |   |
| Offic  | cial Fo  | orm 106E/F  |   |  |   | Chec   | k if this is an                               | amended filing                              |
| Sch  | nedu   | ıle E/F: Cr   | editors Who   | o Have Unsecured   | d Claims  |  |   | 12/1  |
| other p<br>Form 1<br>claims<br>the ent<br>known) | arty to a 06A/B) a that are ries in th . List A o any cr | any executory contraction on Schedule G: Extended in Schedule D: the boxes on the left. A | ets or unexpired leases to<br>recutory Contracts and C<br>Creditors Who Hold Cla            |  | xecutory contract: ). Do not include a ce is needed, copy | s on <i>Schedul</i><br>iny creditors<br>the Part you | e A/B: Prope<br>with partial<br>need, fill it | erty (Official<br>ly secured<br>out, number |
| lis<br>A<br>C                                    | ist all of<br>sted, iden<br>s much a<br>ontinuati        | ntify what type of claim in as possible, list the claim on Page of Part 1. If mo          | it is. If a claim has both pr<br>ns in alphabetical order ac<br>ore than one creditor holds | s more than one priority unsecured claim ority and nonpriority amounts, list that coording to the creditor's name. If you has a particular claim, list the other creditors as for this form in the instruction booklet | laim here and show<br>we more than two pr<br>s in Part 3. | both priority  | and nonpriori                                 | ty amounts.                                 |
|  |  |   |   |  |   | Total<br>claim                                       | Priority amount                               | Nonpriority amount                          |
| 2.1  | ILLINOIS   | SDCFS   |   | Lost 4 digits of account number  | 3100  |  | \$14,531.00                                   |   |
|  | Priority C<br>509 S 6t                                   | reditor's Name<br>h St  |   | Last 4 digits of account number When was the debt incurred?  | 1/2014  |  |   |   |
|  | Number   | Street  |   | As of the date you file, the claim is  |   |  |   |   |
|  |  |   |   | apply.   | . Offect all triat  |  |   |   |
|  | Springfie  | ld Illinois   | 62701   | Contingent   |   |  |   |   |
|  | City<br>Who inc  | State urred the debt? Check   | Zip Code  | Unliquidated   |   |  |   |   |
|  |  | tor 1 only  |   | Disputed   | _   |  |   |   |
|  | Deb  | tor 2 only  |   | Type of PRIORITY unsecured claim   | :   |  |   |   |
|  | Deb  | tor 1 and Debtor 2 only   |   | ✓ Domestic support obligations  Taxes and certain other debts you  | Lowe the  |  |   |   |
|  | At le  | ast one of the debtors a  | and another   | government   | owe the   |  |   |   |
|  | Che  | ck if this claim relate   | s to a community debt   | Claims for death or personal injurintoxicated  | y while you were  |  |   |   |
|  |  | aim subject to offset?  |   | Other. Specify   |   |  |   |   |
|  | ✓ No   |   |   | _  |   |  |   |   |
| 2.2  | Yes Ortiz, An  | aie   |   |  |   | \$0.00   | \$0.00  | \$0.00                                      |
| 2.2  | Priority C   | reditor's Name  |   | Last 4 digits of account number  | - 1-  | Ψ0.00  |   | Ψ0.00                                       |
|  | 509 S 6t<br>Number                                       | h St<br>Street  |   | When was the debt incurred?  | n/a   |  |   |   |
|  |  |   |   | As of the date you file, the claim is apply.   | : Check all that  |  |   |   |
|  | Springfie  | ld Illinois   | 62701   | Contingent   |   |  |   |   |
|  | City   | State   | Zip Code  | Unliquidated   |   |  |   |   |
|  |  | urred the debt? Check<br>tor 1 only   | k one.  | Disputed   |   |  |   |   |
|  | 프  | tor 2 only  |   | Type of PRIORITY unsecured claim   | :   |  |   |   |
|  |  | tor 1 and Debtor 2 only   |   | ✓ Domestic support obligations   |   |  |   |   |
|  | 브  | ast one of the debtors a  |   | Taxes and certain other debts you government   | ı owe the   |  |   |   |
|  | 브  |   | s to a community debt   | Claims for death or personal injury intoxicated  | y while you were  |  |   |   |
|  | Is the cl  | aim subject to offset?  | •   | Other. Specify   |   |  |   |   |
|  | Yes  |   |   |  |   |  |   |   |

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 24 of 72

| Debto   | r 1 Miguel  | Α                         | Ortiz                   | Case number (if known)  |                       |
|---------|---|---------------------------|-------------------------|---|-----------------------|
|         | First Name  | Middle Name               | Last Name               |   |                       |
| Part 2  | List All of Your NONPR  | IORITY Unsecure           | d Claims                |   |                       |
| 3. D    | <b>d</b> ., ~ ~ ~ ~   | -                         | -                       | ourt with your other schedules.   |                       |
| u<br>If | nsecured claim, list the creditor s   | separately for each clair | m. For each claim liste | of the creditor who holds each claim. If a creditor has mode, identify what type of claim it is. Do not list claims already t 3.If you have more than four priority unsecured claims fill | / included in Part 1. |
|         |   |                           |                         |   | Total claim           |
| 4.1     | City of Chicago - Parking and re<br>Nonpriority Creditor's Name<br>Department of Revenue - PO B |                           |                         | st 4 digits of account number hen was the debt incurred? n/a  | \$2,500.00            |
|         | Number Street   |                           | As                      | of the date you file, the claim is: Check all that apply.   |                       |
|         |   |                           |                         | Contingent  |                       |
|         | Chicago Illin   | ois 606                   | 80                      | Unliquidated  |                       |
|         | City Sta  | te Zip                    | Code                    | Disputed  |                       |
|         | Who incurred the debt? Chec Debtor 1 only   | k one.                    | Ту                      | pe of NONPRIORITY unsecured claim:  |                       |
|         | Debtor 2 only   |                           |                         | Student loans   |                       |
|         | Debtor 1 and Debtor 2 only  | ı                         |                         | Obligations arising out of a separation agreement or  |                       |
|         | At least one of the debtors   |                           | Г                       | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other simila  | ar                    |
|         | Check if this claim relate  |                           |                         | debts   |                       |
|         | Is the claim subject to offset  | _                         | ·bt                     | Other. SpecifyDL#: 0632-5416-5321   |                       |
|         | ✓ No  Yes   |                           |                         |   |                       |
| 4.2     | CON FIN SVC   |                           |                         |   | \$1,008.00            |
| 1.2     | Nonpriority Creditor's Name   |                           |                         | st 4 digits of account number 7501  | Ψ1,000.00             |
|         | 509 Green Bay Road<br>Number Street   |                           | VVI                     | hen was the debt incurred? 12/2016  |                       |
|         |   |                           | As                      | s of the date you file, the claim is: Check all that apply.   |                       |
|         | Waukegan Illin  | ois 600                   | 85                      | Contingent  |                       |
|         | City Sta  |                           | Code                    | Unliquidated Disputed   |                       |
|         | Who incurred the debt? Chec Debtor 1 only   | k one.                    | L.                      | pe of NONPRIORITY unsecured claim:  |                       |
|         | Debtor 2 only   |                           | ı, y                    | Student loans   |                       |
|         | Debtor 1 and Debtor 2 only  | /                         | <b>-</b>                | Obligations arising out of a separation agreement or  |                       |
|         | At least one of the debtors   | and another               | _                       | divorce that you did not report as priority claims  |                       |
|         | Check if this claim relate  | es to a community de      | ebt                     | Debts to pension or profit-sharing plans, and other similadebts   | ır                    |
|         | Is the claim subject to offset  | _                         | V                       | Other. Specify 24 InstallmentLoan   |                       |
|         | <b>✓</b> No   |                           | _                       | •   |                       |
|         | Yes   |                           |                         |   |                       |
| 4.3     | CONSUMER FINANCIAL SVC  |                           | La                      | st 4 digits of account number 2401  | \$11,552.00           |
|         | Nonpriority Creditor's Name<br>10431 US HIGHWAY 19  |                           |                         | hen was the debt incurred? 3/2016   |                       |
|         | Number Street   |                           | Δς                      | of the date you file, the claim is: Check all that apply.   |                       |
|         |   |                           |                         | Contingent  |                       |
|         | PORT RICHEY Flo   | rida 346                  | 68                      | Unliquidated  |                       |
|         | City Sta  |                           | Code                    | Disputed  |                       |
|         | Who incurred the debt? Chec   | k one.                    | Ty                      | pe of NONPRIORITY unsecured claim:  |                       |
|         | Debtor 1 only  Debtor 2 only  |                           |                         | Student loans   |                       |
|         | Debtor 2 only  Debtor 1 and Debtor 2 only   | 1                         |                         | Obligations arising out of a separation agreement or  |                       |
|         | At least one of the debtors   |                           | =                       | divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other simila  | ar.                   |
|         | 님   |                           |                         | debts   | u                     |
|         | Check if this claim relate  |                           | PDT                     | Other. Specify Repo & Surrender to Vehicle  |                       |
|         | Is the claim subject to offset  No  | f                         |                         |   |                       |
|         | Yes   |                           |                         |   |                       |

#### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 25 of 72

Ortiz Debtor 1 Miguel Case number (if known) Middle Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.4 CONTRACT CALLERS INC \$440.00 Last 4 digits of account number Nonpriority Creditor's Name 501 GREÉNE ST FL 3 When was the debt incurred? 6/2012 Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated 30901 **AUGUSTA** Georgia City Zip Code Disputed Who incurred the debt? Check one. Type of NONPRIORITY unsecured claim: Debtor 1 only Student loans Debtor 2 only Obligations arising out of a separation agreement or Debtor 1 and Debtor 2 only divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collecting for ORIGINAL **V** CREDITOR: COMMONWEALTH Is the claim subject to offset? Other. Specify **EDISON COMPANY ✓** No Yes CREDIT CNTRL \$1,197.00 2712 Last 4 digits of account number \_ Nonpriority Creditor's Name When was the debt incurred? 4/2016 POB 5670 Number Street As of the date you file, the claim is: Check all that apply. Contingent LITTLE ROCK 72215 Arkansas Unliquidated City State Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL **✓** No Yes CREDIT CNTRL 4.6 \$1,043.00 Last 4 digits of account number 3996 Nonpriority Creditor's Name When was the debt incurred? 12/2016 POB 5670 Number Street As of the date you file, the claim is: Check all that apply. Contingent LITTLE ROCK 72215 Arkansas Unliquidated Zip Code City State Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset?

✓ No Yes Other. Specify ORIGINAL CREDITOR: MEDICAL

#### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 26 of 72

Ortiz Debtor 1 Miguel Case number (if known) Middle Name First Name Last Name Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.7 CREDIT CNTRL \$599.00 Last 4 digits of account number 6947 Nonpriority Creditor's Name POB 5670 When was the debt incurred? 1/2016 Street Number As of the date you file, the claim is: Check all that apply. Contingent LITTLE ROCK Arkansas 72215 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL **✓** No Yes CREDIT CNTRL \$363.00 Last 4 digits of account number 7464 Nonpriority Creditor's Name POB 5670 When was the debt incurred? 3/2017 Number Street As of the date you file, the claim is: Check all that apply. Contingent LITTLE ROCK 72215 Arkansas Unliquidated Zip Code City State Who incurred the debt? Check one. Disputed Debtor 1 only **|** Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt Collection; Collecting for Is the claim subject to offset? Other. Specify ORIGINAL CREDITOR: MEDICAL **✓** No Yes CREDIT CNTRL 4.9 \$361.00 Last 4 digits of account number \_ Nonpriority Creditor's Name POB 5670 When was the debt incurred? 1/2016 Street Number As of the date you file, the claim is: Check all that apply. Contingent LITTLE ROCK 72215 Arkansas Unliquidated City Zip Code Disputed Who incurred the debt? Check one. Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt debts

No Yes

Is the claim subject to offset?

Collection; Collecting for

Other. Specify ORIGINAL CREDITOR: MEDICAL

#### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 27 of 72

Ortiz Debtor 1 Miguel Case number (if known) Middle Name First Name Last Name Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth. **Total claim** 4.10 MERCHANTS CREDIT GUIDE \$448.00 Last 4 digits of account number Nonpriority Creditor's Name 223 W JACKSON BLVD # 700 When was the debt incurred? 12/2016 Number As of the date you file, the claim is: Check all that apply. Contingent Chicago Illinois 60606 Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? **✓** ORIGINAL CREDITOR: MEDICAL **✓** No Other. Specify PAYMENT DATA Yes 4.11 MERCHANTS CREDIT GUIDE \$164.00 Last 4 digits of account number 3366 Nonpriority Creditor's Name 223 W JACKSON BLVD # 700 When was the debt incurred? Number Street As of the date you file, the claim is: Check all that apply. Contingent Illinois 60606 Chicago Unliquidated City State Zip Code Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Student loans Debtor 1 and Debtor 2 only Obligations arising out of a separation agreement or divorce that you did not report as priority claims At least one of the debtors and another Debts to pension or profit-sharing plans, and other similar Check if this claim relates to a community debt 001 Collection; Collecting for Is the claim subject to offset? ORIGINAL CREDITOR: MEDICAL

Other. Specify

PAYMENT DATA

**✓** No

Yes

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 28 of 72

| btor 1 M | 0                    |                                      | A   | Ortiz  | Case nu  | umber (if known)   |  |  |
|----------|----------------------|--------------------------------------|---|--|--|--|--|--|
|          | irst Name            | Re Notified /                        | Middle Name  About a Debt That              | Last Name t You Already List   | ted  |  |  |  |
| l 3. L   |                      | De Noulleu A                         | about a Debt That                           | Tou Aireauy List   | ieu .  |  |  |  |
| collec   | tion agency is       | trying to colle<br>ere. Similarly, i | ct from you for a de<br>f you have more tha | bt you owe to some<br>in one creditor for a                            | one else, list the or<br>any of the debts that   | u already listed in Parts 1 or 2. For example, if a riginal creditor in Parts 1 or 2, then list the tyou listed in Parts 1 or 2, list the additional 2, do not fill out or submit this page. |  |  |
| ComE     | Ēd                   |                                      |   | Onbiob on  | turia Dout 1 ou Dout                             | O did you list the evisional avaditor?   |  |  |
| Name     |                      |                                      | On which en                                 | iry in Part 1 or Part  | 2 did you list the original creditor?            |  |  |  |
| 3 Linc   | 3 Lincoln Center     |                                      | Line 4.4 of (Check                          | Part 1: Creditors with Priority Unsecured Claims                       |  |  |  |  |
| Numb     | oer Street           |                                      |   |  | one):  | Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |
| Oakbr    | rook Terrace         | Illinois                             | 60181                                       | Last 4 digits  | of account number                                | 7945   |  |  |
| City     |                      | State                                | Zip Code                                    |  |  |  |  |  |
| HARR     | RIS & HARRIS LT      | ΓD                                   |   |  |  |  |  |  |
| Name     |                      |                                      |   | On which entry in Part 1 or Part 2 did you list the original creditor? |  |  |  |  |
| 111 W    | V JACKSON BLVD S-400 |                                      | Line 4.1                                    | of (Check  | Part 1: Creditors with Priority Unsecured Claims |  |  |  |
| Numb     | oer Street           |                                      |   |  | one):  | Part 2: Creditors with Nonpriority Unsecured Claims  |  |  |
| CHICA    | AGO                  | Illinois                             | 60604                                       | Last 4 digits  | of account number                                |  |  |  |
| City     |                      | State                                | Zip Code                                    | Last + digits  | or account number                                |  |  |  |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Page 29 of 72 Document

Debtor 1 Miguel Ortiz Case number (if known) Middle Name Last Name

#### Part 4: Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total claims** \$14,531.00 Total claims 6a. Domestic support obligations. from Part 1 \$0.00 6b. Taxes and certain other debts you owe the government \$0.00 6c. Claims for death or personal injury while you were intoxicated \$0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. \$14,531.00 6e. Total. Add lines 6a through 6d. 6e. **Total claims** \$0.00 **Total claims** 6f. Student loans from Part 2 \$0.00 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims \$0.00 6h. Debts to pension or profit-sharing plans, and other similar \$19,675.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. \$19,675.00 6j. Total. Add lines 6f through 6i.

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 30 of 72

| Fill in this information to identify your case: |            |             |                      |  |  |  |  |
|---|------------|-------------|----------------------|--|--|--|--|
| Debtor 1  | Miguel     | Α           | Ortiz                |  |  |  |  |
|   | First Name | Middle Name | Last Name            |  |  |  |  |
| Debtor 2  |            |             |                      |  |  |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name            |  |  |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois |  |  |  |  |
| Case number                                     |            |             | (State)              |  |  |  |  |

### Official Form 106G

### Check if this is an amended filing

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 31 of 72

|                   |                     |                            |   | •                           | •           |   |
|-------------------|---------------------|----------------------------|---|-----------------------------|-------------|---|
| Fill in t         | his infor           | mation to identify your c  | ase:  |                             |             |   |
| Debtor            | r 1                 | Miguel                     | Α   | Ortiz                       |             |   |
|                   |                     | First Name                 | Middle Name   | Last Name                   |             |   |
| Debtor<br>(Spouse | _                   | First Name                 | Middle Name   | Last Name                   |             |   |
| l Inited          | States F            | Bankruptcy Court for the:  | Northern  | District of Illinois        |             |   |
| Officea           | States L            | dankiupicy Court for tire. | NOTHIEITI   | (State)                     |             |   |
| Case n            | number<br>n)        |                            |   |                             |             |   |
|                   |                     |                            |   |                             |             | Check if this is an   |
| <b>∨</b> ((.      |                     | T 40011                    |   |                             |             | amended filing  |
| Oπ                | cıaı                | Form 106H                  |   |                             |             |   |
| Sch               | edul                | e H: Your Cod              | lebtors   |                             |             | 12/15   |
| 1. Do             | you ha<br>No<br>Yes | ve any codebtors? (If yo   | ou are filing a joint case, do                      | o not list either spouse as | a codebtor. | )   |
|                   |                     |                            | lived in a community protico, Puerto Rico, Texas, W |                             |             | nity property states and territories include Arizona, California,   |
| V                 | No.                 | Go to line 3.              |   |                             |             |   |
|                   | Yes.                | Did your spouse, forme     | er spouse, or legal equiva                          | alent live with you at the  | e time?     |   |
|                   |                     | No                         |   |                             |             |   |
|                   |                     | Yes. In which community    | y state or territory did yo                         | u live?                     | Fill in t   | the name and current address of that person.  |
|                   |                     | Name of your spouse, for   | ormer spouse, or legal equ                          | uivalent                    |             |   |
|                   |                     | Number Street              |   |                             |             |   |
|                   |                     | City                       | State   | Zip C                       | ode         |   |
|                   |                     | •                          |   | •                           |             | use is filing with you. List the person shown in line 2 and the creditor on <i>Schedule D</i> (Official Form 106D), |

Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

Column 1: Your codebtor

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 32 of 72

|   |   | 20  | oamone                                | . ago <b>02</b> | 01.12        |  |          |  |
|---|---|---|---------------------------------------|-----------------|--------------|--|----------|--|
| Fill in this                              | information to identify   | your case:  |                                       |                 |              |  |          |  |
| Debtor 1                                  | Miguel  | Α   | Ortiz                                 |                 |              |  |          |  |
|   | First Name  | Middle Name   | Last Na                               | me              | — Ch         | eck if this is:  |          |  |
| Debtor 2                                  | ing) First Name   | Middle Noves  | Loot No                               |                 | _   _        | An amended filing  |          |  |
|   |   | Middle Name   | Last Na                               |                 |              | A supplement showing post-petition ch  | nantar 1 |  |
| United State the: Case numb               | es Bankruptcy Court for   | Northern  | District of Illin<br>(St              | ois<br>ate)     | -   '        | expenses as of the following date:   | apter 1  |  |
| (If known)                                |   |   |                                       |                 | _            | MM / DD / YYYY   |          |  |
| Officia                                   | l Form 106I   |   |                                       |                 |              |  |          |  |
| Sched                                     | ule I: Your In  | come  |                                       |                 |              |  | 12/1     |  |
| information<br>spouse. If r<br>number (if | n about your spouse. I  | f you are separated an<br>I, attach a separate she<br>y question. | d your spous                          | e is not filing | with you, do | ur spouse is living with you, include<br>o not include information about you<br>tional pages, write your name and      | ur       |  |
| _   | our employment  |   | Debtor 1                              |                 |              | Debtor 2   |          |  |
| informa                                   |   | Employment status   | <b>✓</b> Employ                       | ed              |              | Employed   |          |  |
| attach a<br>informa                       | rave more than one job,<br>a separate page with<br>ation about additional |   | Not Em                                |                 |              | Not Employed   |          |  |
| employ                                    |   | Occupation  |                                       |                 |              |  |          |  |
|   | part time, seasonal, or ployed work.                                      | Employer's name   | Mama Luna                             | a's Restaurant  |              |  |          |  |
| Occupa                                    | ation may include student<br>emaker, if it applies.                       | Employer's address  | 5109 W Fullerton Ave<br>Number Street |                 |              | Number Street  |          |  |
|   |   |   |                                       |                 |              | _  |          |  |
|   |   |   | Chicago                               | Illinois        | 60639        |  |          |  |
|   |   |   | City                                  | State           | Zip Code     | City State Zip Coo   | e        |  |
|   |   | How long employed there?  | 2 months                              |                 |              |  |          |  |
| Part 2: 0                                 | Give Details About N  | Nonthly Income  |                                       |                 |              |  |          |  |
| spouse un                                 | nless you are separated.  | e more than one employer  | •                                     | nformation for  |              | write \$0 in the space. Include your non- or that person on the lines below. If you  For Debtor 2 or non-filing spouse |          |  |
|   |   | ary, and commissions (before, calculate what the monthly          |                                       | 2.              | \$1,500.00   |  |          |  |
| 3. Estim                                  | nate and list monthly ove   | rtime pay.  |                                       | 3               | + \$0.00     |  |          |  |
| 4. Calcu                                  | <b>ulate gross income.</b> Add l  | ine 2 + line 3.   |                                       | 4.              | \$1,500.00   |  |          |  |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 33 of 72

| Debt                 | tor 1Miguel   |  | Ortiz              | Case numbe             | r <i>(if</i>                      |                         |
|----------------------|---|--|--------------------|------------------------|-----------------------------------|-------------------------|
|                      | First Name  | Middle Name L  | _ast Name          | known) For Debtor 1    | For Debtor 2 or non-filing spouse |                         |
| Co                   | py line 4 here  |  | <b>→</b> 4.        | \$1,500.00             |                                   |                         |
| 5. <b>Lis</b>        | st all payroll dedu   |  |                    |                        |                                   |                         |
| 5a                   | a. Tax, Medicare,   | and Social Security deductions   | 5a.                | \$0.00                 |                                   |                         |
| 5b                   | . Mandatory con   | tributions for retirement plans  | 5b.                | \$0.00                 |                                   |                         |
| 50                   | . Voluntary contr   | ibutions for retirement plans  | 5c.                | \$0.00                 |                                   |                         |
| 50                   | d. Required repay   | ments of retirement fund loans   | 5d.                | \$0.00                 |                                   |                         |
| 5e                   | . Insurance   |  | 5e.                | \$0.00                 |                                   |                         |
| 5f                   | . Domestic suppo  | rt obligations   | 5f.                | \$0.00                 |                                   |                         |
| 50                   | g. Union dues   |  | 5g.                | \$0.00                 |                                   |                         |
| 5h                   | n. Other deductio   | ns. Specify:   | _ 5h. +            | \$0.00 +               | . <u> </u>                        |                         |
| 6. <b>Ad</b><br>+5h. | d the payroll ded   | uctions. Add lines 5a + 5b + 5c + 5d + 5e +5f  |                    | \$0.00                 |                                   |                         |
| 7. <b>Ca</b>         | Iculate total mor   | thly take-home pay. Subtract line 6 from line  | 4. 7.              | \$1,500.00             |                                   |                         |
| 8. <b>Lis</b>        | st all other incom  | e regularly received:  |                    |                        |                                   |                         |
| 8a                   | business, profes  | •  |                    |                        |                                   |                         |
|                      |   | nt for each property and business showing rdinary and necessary business expenses, and net income.   | 8a.                | \$0.00                 |                                   |                         |
| 8b                   | . Interest and div  | ridends  | 8b.                | \$0.00                 |                                   |                         |
| 80                   | c. Family support dependent regu  | payments that you, a non-filing spouse, or larly receive   | a                  | _                      |                                   |                         |
|                      |   | spousal support, child support, maintenance,<br>it, and property settlement.   | 8c.                | \$0.00                 |                                   |                         |
| 80                   | d. Unemployment   | compensation   | 8d.                | \$0.00                 |                                   |                         |
| 86                   | . Social Security   |  | 8e.                | \$0.00                 |                                   |                         |
| 8f                   | Include cash assi<br>cash assistance to<br>under the Supple<br>housing subsidie<br>Specify: | ent assistance that you regularly receive stance and the value (if known) of any non-hat you receive, such as food stamps (benefits mental Nutrition Assistance Program) or s  Programs Income | 8f.                | \$192.0 <u>0</u>       |                                   |                         |
| 80                   | Pension or reti   | rement income  | 8g.                | \$0.00                 |                                   |                         |
| 8h                   | n. Other monthly  | income. Specify:   | 8h. +              | \$0.00 +               |                                   |                         |
| 9. <b>Ad</b>         | d all other incom   | e Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g +  | ⊦8h. 9.            | \$192.00               |                                   |                         |
|                      |   | income. Add line 7 + line 9.<br>e 10 for Debtor 1 and Debtor 2 or non-filing sp  | 10.<br>pouse       | \$1,692.00             | =                                 | \$1,692.00              |
| In<br>frie           | clude contributions<br>ends or relatives.   | ular contributions to the expenses that you<br>s from an unmarried partner, members of your<br>mounts already included in lines 2-10 or amou   | household, your    | dependents, your roomr |                                   |                         |
| Sp                   | pecify:   |  |                    |                        | 11                                | + \$0.00                |
|                      |   | the last column of line 10 to the amount in the Summary of Schedules and Statistical Suit  |                    |                        |                                   | \$1,692.00              |
|                      |   |  |                    |                        |                                   | Combined monthly income |
| 13. D                | No.   | ncrease or decrease within the year after y  | you file this form | ?                      |                                   |                         |
|                      | Yes. Explain:   |  |                    |                        |                                   |                         |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 34 of 72

|                                 |  | Doc   | sument Page 34 of A  | /2                                 |                      |              |
|---------------------------------|--|---|--|------------------------------------|----------------------|--------------|
| Fill in this infor              | mation to identify your o                          | case:   |  |                                    |                      |              |
| Debtor 1                        | Miguel   | А   | Ortiz  |                                    |                      |              |
| Debtor 2                        | First Name   | Middle Name   | Last Name  | Check if this is:                  |                      |              |
| (Spouse, if filing)             | First Name   | Middle Name   | Last Name  | An amended filing                  | I                    |              |
| United States E                 | Bankruptcy Court for the:                          | Northern  | District of Illinois (State)   | A supplement sho expenses as of th |                      |              |
| Case number<br>(If known)       |  |   |  | MM / DD / YYYY                     |                      |              |
| Official                        | Form 106J  |   |  |                                    |                      |              |
| Schedul                         | e J: Your Exp                                      | enses   |  |                                    |                      | 12/15        |
| information. If (if known). Ans | -  | attach another sheet to the                               | are filing together, both are equits is form. On the top of any addition |                                    |                      | number       |
| 1. Is this a joi                |  |   |  |                                    |                      |              |
| No. Go                          | o to line 2  |   |  |                                    |                      |              |
|                                 | oes Debtor 2 live in a se                          | eparate household?  |  |                                    |                      |              |
|                                 | ¬ No   | .,  |  |                                    |                      |              |
| L                               | _  | lo Official Forma 106 L 2 Eva                             | enses for Separate Household of De                                       | obtor 2                            |                      |              |
| 0. Do how                       |  |   | enses for separate household of De                                       | eulur 2.                           |                      |              |
| _                               | e dependents?                                      |   |  |                                    |                      |              |
| Do not list Debtor 2.           |  | es. Fill out this information for ach dependent           | Dependent's relationship to<br>Debtor 1 or Debtor 2                      | Dependent's<br>age                 | Does deper with you? | ident live   |
|                                 | penses include<br>f people other                   | 0   |  |                                    |                      |              |
| than                            |  | es  |  |                                    |                      |              |
| yourself an<br>dependents       | u youi   |   |  |                                    |                      |              |
| Part 2: Esti                    | mate Your Ongoing                                  | Monthly Expenses  |  |                                    |                      |              |
| _                               | of a date after the bank                           |   | you are using this form as a sup<br>applemental Schedule J, check t      |                                    | •                    |              |
|                                 | -  | cash government assistance<br>t on Schedule I: Your Incom | -  |                                    | Y                    | our expenses |
|                                 | I or home ownership ex<br>or the ground or lot. 4. | penses for your residence.                                | Include first mortgage payments an                                       | d                                  | 4.                   | \$400.00     |
| -                               | uded in line 4:                                    |   |  |                                    | ••                   |              |
| 4a. Real e                      | state taxes  |   |  |                                    | 4a                   | \$0.00       |

\$0.00

\$0.00

\$0.00

4b.

4c.

4d.

4b. Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

4d. Homeowner's association or condominium dues

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 35 of 72

Debtor 1 Miguel A Ortiz Case number (if known)
First Name Middle Name Last Name

| <ul><li>5. Additional mortgage payments for your residence, such as home equity loans</li><li>6. Utilities:</li></ul>  | Your expenses \$0.00 |
|--|----------------------|
|  | \$0.00               |
| 6. Utilities:  |                      |
|  |                      |
| 6a. Electricity, heat, natural gas   | \$75.00              |
| 6b. Water, sewer, garbage collection 6b  | . \$0.00             |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | \$75.00              |
| 6d. Other. Specify:  | \$0.00               |
| 7. Food and housekeeping supplies  | \$326.00             |
| 8. Childcare and children's education costs  | \$0.00               |
| 9. Clothing, laundry, and dry cleaning   | \$75.00              |
| 10. Personal care products and services  | . \$75.00            |
| 11. Medical and dental expenses  | . \$75.00            |
| 12. <b>Transportation.</b> Include gas, maintenance, bus or train fare.  Do not include car payments                   | \$330.00             |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books   | . \$0.00             |
| 14. Charitable contributions and religious donations   | . \$0.00             |
| <ul><li>15. Insurance.</li><li>Do not include insurance deducted from your pay or included in lines 4 or 20.</li></ul> |                      |
| 15a. Life insurance  | <b>\$0.00</b>        |
| 15b. Health insurance  | \$0.00               |
| 15c. Vehicle insurance   | \$86.00              |
| 15d. Other insurance. Specify:   | <b>\$0.00</b>        |
| 16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.                            |                      |
| Specify:   | \$0.00               |
| 17. Installment or lease payments:   | •                    |
| 17a. Car payments for Vehicle 1  | <b>\$0.00</b>        |
| 17b. Car payments for Vehicle 2  | \$0.00               |
| 17c. Other. Specify:   | \$0.00               |
| 17d. Other. Specify:   | \$0.00               |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from                        | \$0.00               |
| your pay on line 5, Schedule I, Your Income (Official Form 106I).  |                      |
| 19.Other payments you make to support others who do not live with you.   | <b>#0.00</b>         |
| Specify:   | . \$0.00             |
| 20a. Mortgages on other property 20a.  | a <b>\$0.00</b>      |
| 20b. Real estate taxes.  |                      |
| 20c. Property, homeowner's, or renter's insurance  | <del></del>          |
| 20d. Maintenance, repair, and upkeep expenses.   |                      |
| 20e. Homeowner's association or condominium dues   |                      |

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 36 of 72

| Debtor 1  |   |                         | Α           | Ortiz                        | Case number (if known) |     |          |            |
|---|---|-------------------------|-------------|------------------------------|------------------------|-----|----------|------------|
|   | First Nam   | ne                      | Middle Name | Last Name                    |                        |     |          |            |
| 21.Other  | . Specify   | /:                      |             |                              |                        | 21  |          | \$0.00     |
|   |   |                         |             |                              |                        |     |          |            |
|   | -   | ur monthly expenses.    |             |                              |                        |     | _        | \$1,517.00 |
|   |   | 4 through 21.           |             |                              | _                      |     | _        | \$0.00     |
|   | . ,   | ` , ,                   | ,, ,        | , from Official Form 106J-2  | 2                      |     | _        | \$1,517.00 |
|   |   | 22a and 22b. The result |             | enses.                       |                        | 22. |          |            |
| 23.Calcul   | late yo   | ur monthly net income   | ·-          |                              |                        |     |          |            |
| 23a. C  | 23a. Copy line 12 (your combined monthly income) from Schedule I. |                         |             |                              |                        |     |          | \$1,692.00 |
| 23b. Copy your monthly expenses from line 22 above.           |   |                         |             |                              |                        | 23b | <u>-</u> | \$1,517.00 |
| 23c. Subtract your monthly expenses from your monthly income. |   |                         |             |                              |                        |     |          | \$175.00   |
| Т   | The result is your monthly net income.                            |                         |             |                              |                        |     | _        |            |
| morto   | gage pa   |                         |             | loan within the year or do y |                        |     |          |            |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 37 of 72

| Fill in this information to identify your case: |            |             |                              |  |  |
|---|------------|-------------|------------------------------|--|--|
| Debtor 1  | Miguel     | Α           | Ortiz                        |  |  |
|   | First Name | Middle Name | Last Name                    |  |  |
| Debtor 2  |            |             |                              |  |  |
| (Spouse, if filing)                             | First Name | Middle Name | Last Name                    |  |  |
| United States Bankruptcy Court for the:         |            | Northern    | District of Illinois (State) |  |  |
| Case number                                     |            |             | (                            |  |  |

### Official Form 106Dec

### Check if this is an amended filing

### **Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Par | t 1: Sign Below  |   |
|-----|--|---|
|     | Did you pay or agree to pay someone who is NOT an attorney to h                                  | nelp you fill out bankruptcy forms?   |
|     | <b>✓</b> No  |   |
|     | Yes. Name of person  | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
|     |  |   |
|     |  |   |
|     | Under penalty of perjury, I declare that I have read the summary that they are true and correct. | and schedules filed with this declaration and   |
| ×   | /s/ Miguel Ortiz   | ×   |
|     | Signature of Debtor 1  | Signature of Debtor 2   |
|     | Date 3/2/2018  | Date  |
|     | MM/DD/YYYY   | MM/DD/YYYY  |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 38 of 72

| Fill i          | n this i                | nformation   | to identify your o   | case:               |   |                 |                 |                      |                            |
|-----------------|-------------------------|--------------|----------------------|---------------------|---|-----------------|-----------------|----------------------|----------------------------|
| Deb             | tor 1                   | Migu         |                      | Α                   | Ortiz   |                 |                 |                      |                            |
| Deb             | tor 2                   | First        | Name                 | Middle              | Name Last Na  | me              |                 |                      |                            |
| (Spo            | use, if filir           | ng) First    | Name                 | Middle              | Name Last Na  | me              | -               |                      |                            |
| Unit            | ed Stat                 | tes Bankrup  | otcy Court for the:  | Northern            | District of Illin                                     | nois<br>ate)    |                 |                      |                            |
| Case<br>(If kno | e numb                  | per          |                      |                     |   | uioj            |                 |                      |                            |
|                 | •                       |              | 407                  |                     |   |                 |                 |                      | Check if this is a         |
| <u>Ot</u>       | TICI                    | al For       | m 107                |                     |   |                 |                 |                      | amended filing             |
| Sta             | aten                    | nent o       | f Financia           | al Affairs t        | for Individuals                                       | Filing fo       | r Bankru        | ıptcy                | 04/1                       |
| info            | rmatio                  | n. If more   |                      | ed, attach a sep    | narried people are filing<br>parate sheet to this for |                 |                 |                      |                            |
| Par             | t 1: G                  | Give Deta    | ils About Your       | Marital Status      | and Where You Live                                    | d Before        |                 |                      |                            |
| 1.              | Wha                     | t is your c  | urrent marital st    | atus?               |   |                 |                 |                      |                            |
|                 | П                       | Married      |                      |                     |   |                 |                 |                      |                            |
|                 | $\overline{\mathbf{V}}$ | Not marrie   | ed                   |                     |   |                 |                 |                      |                            |
| 2.              | Duri                    | ng the las   | t 3 years, have y    | ou lived anywher    | e other than where you                                | live now?       |                 |                      |                            |
|                 | <b>V</b>                | No           |                      |                     |   |                 |                 |                      |                            |
|                 |                         | Yes. List a  | all of the places ye | ou lived in the las | st 3 years. Do not include                            | where you live  | now.            |                      |                            |
|                 |                         |              |                      |                     |   |                 |                 |                      |                            |
|                 |                         | Debtor 1:    |                      |                     | Dates Debtor 1 lived there                            | Debtor 2:       |                 |                      | Dates Debtor 2 lived there |
|                 |                         |              |                      |                     |   | Same a          | s Debtor 1      |                      | Same as Debtor 1           |
|                 |                         |              |                      |                     |   |                 |                 |                      |                            |
|                 |                         | Number S     | treet                |                     | From  | Number Str      | eet             |                      | From                       |
|                 |                         |              |                      |                     | То  |                 |                 |                      | To                         |
|                 |                         | City         | State                | Zip Code            |   | City            | State           | Zip Code             |                            |
|                 |                         |              |                      |                     |   | Same a          | s Debtor 1      |                      | Same as Debtor 1           |
|                 |                         |              |                      |                     | _   |                 |                 |                      | _                          |
|                 |                         | Number S     | treet                |                     | From<br>To  | Number Str      | eet             |                      | From<br>To                 |
|                 |                         |              |                      | _                   |   |                 |                 |                      |                            |
|                 |                         | City         | State                | Zip Code            |   | City            | State           | Zip Code             |                            |
| 3.              | Within                  | n the last 8 | B years, did you e   | ever live with a s  | pouse or legal equivalen                              | t in a communit | y property stat | te or territory? (Co | ommunity property states   |
|                 |                         |              |                      |                     | siana, Nevada, New Mexic                              |                 |                 | - '                  |                            |
|                 | <b>✓</b> N              |              |                      |                     |   |                 |                 |                      |                            |
|                 |                         | es. Make     | sure you fill out S  | chedule H: Your     | Codebtors (Official Form                              | n 106H).        |                 |                      |                            |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 39 of 72

| Debto         | or 1                      | Miguel A   | Ortiz  |  | ımber (if known)                                       |  |
|---------------|---------------------------|--|--|--|--|--|
|               |                           | First Name Middle  |  | me   |  |  |
| Part 2        |                           | Explain the Sources of Your Inc  |  |  |  |  |
| F             | ill in                    | you have any income from employmenthe total amount of income you receivities. If you are filing a joint case and yo No  Yes. Fill in the details.  | red from all jobs and all busi   | inesses, including part-time   |  | ars?   |
|               |                           |  | Debtor 1   |  | Debtor 2   |  |
|               |                           |  | Sources of income<br>Check all that apply.   | Gross income<br>(before deductions and<br>exclusions)                                | Sources of income<br>Check all that apply.             | Gross income<br>(before deductions and<br>exclusions)            |
|               |                           | om January 1 of current year until<br>e date you filed for bankruptcy:   | ✓ Wages, commissions, bonuses, tips  Operating a business                            | \$2250.00  | Wages, commissions, bonuses, tips Operating a business |  |
|               |                           | r last calendar year:<br>anuary 1 to December 31, 2017 )<br>YYYY   | Wages, commissions, bonuses, tips Operating a business                               | \$25000.00   | Wages, commissions, bonuses, tips Operating a business |  |
|               |                           | r the calendar year before that:<br>anuary 1 to December 31, 2016 )<br>YYYY  | Wages, commissions, bonuses, tips Operating a business                               | \$25000.00   | Wages, commissions, bonuses, tips Operating a business |  |
| Ir<br>p<br>fi | ncluubli<br>ling<br>ist e | rou receive any other income during de income regardless of whether that in c benefit payments; pensions; rental inc a joint case and you have income that yeach source and the gross income from No Yes. Fill in the details. | come is taxable. Examples come; interest; dividends; myou received together, list it | of other income are alimony; oney collected from lawsuits; only once under Debtor 1. | royalties; and gambling and lot                        |  |
|               |                           |  | Debtor 1   |  | Debtor 2   |  |
|               |                           |  | Sources of income<br>Describe below.   | Gross income from each source (before deductions and exclusions)                     | Sources of income<br>Describe below.                   | Gross income from each source (before deductions and exclusions) |
|               |                           | rom January 1 of current year until<br>se date you filed for bankruptcy:   | \$192 Monthly From<br>Link   | \$192.00   |  |  |
|               |                           | or last calendar year: anuary 1 to December 31, 2017 )  YYYY   |  |  |  |  |
|               |                           | or the calendar year before that:<br>anuary 1 to December 31, 2016 )<br>YYYY   | \$192 Monthly From<br>Link   | \$2,304.00   |  |  |
|               |                           |  |  |  |  |  |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 40 of 72

Ortiz

Debtor 1 Miguel \_\_ Case number (if known) Middle Name Last Name List Certain Payments You Made Before You Filed for Bankruptcy Part 3: 6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts? No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. \* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Dates of payment Total amount paid Amount you still owe Was this payment for... Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or Other Mortgage Creditor's Name Car Number Street Credit card Loan repayment City State Zip Code Suppliers or vendors Other

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 41 of 72

| Debtor <sup>1</sup> | 1 Miguel                                      | A  |   | rtiz  | Case number (                             | if known)  |
|---------------------|---|--|---|---|---|--|
|                     | First Name                                    | Middle   | Name La                                       | st Name                                       |   |  |
| Insi<br>cor<br>age  | iders include your re<br>porations of which y | atives; any general p<br>ou are an officer, dire<br>r a business you ope | ector, person in control                      | general partners; par<br>, or owner of 20% or | tnerships of which yomore of their voting | who was an insider? ou are a general partner; securities; and any managing domestic support obligations, |
| <b>✓</b>            | No  |  |   |   |   |  |
|                     | Yes. List all paym                            | ents to an insider.  |   |   |   |  |
|                     |   |  | Dates of payment                              | Total amount paid                             | Amount you still owe                      | Reason for this payment  |
|                     | Insider's Name                                |  | <u> </u>                                      |   |   |  |
|                     | Number Street                                 |  |   |   |   |  |
|                     | City S  | tate Zip Cod   | e   |   |   |  |
|                     | Insider's Name                                |  |   |   |   |  |
|                     | Number Street                                 |  |   |   |   |  |
|                     | City S  | tate Zip Cod   | e   |   |   |  |
| insi                | ider?<br>lude payments on de<br>No            |  | osigned by an insider.  an insider.  Dates of | Total amount                                  | Amount you                                | n account of a debt that benefited an  Reason for this payment   |
|                     |   |  | payment                                       | paid  | still owe                                 | Include creditor's name  |
|                     | Insider's Name                                |  |   |   |   |  |
|                     | Number Street                                 |  |   |   |   |  |
|                     | City S  | tate Zip Cod   | <u>e</u>                                      |   |   |  |
|                     | Insider's Name                                |  |   |   |   |  |
|                     | Number Street                                 |  |   |   |   |  |
|                     | City S  | tate Zip Cod   | e   |   |   |  |
|                     | ,   | p 300  | -   |   |   |  |

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 42 of 72

Debtor 1 Miguel Ortiz Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No **V** Yes. Fill in the details. Status of the case Nature of the case Court or agency Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Case title Pending Court Name On appeal Case number NumberStreet Concluded City State Zip Code Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Value of the Describe the property Date property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied. Describe the property Date Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. City State Zip Code Property was attached, seized, or levied.

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 43 of 72

| Debt | or 1     | Miguel   | Α                      | Ortiz  | Case number (if know)        | 1)                       |                     |
|------|----------|--|------------------------|--|------------------------------|--------------------------|---------------------|
|      |          | First Name   | Middle Name            | Last Name                                      |                              |                          |                     |
| 11.  |          | thin 90 days before you file<br>counts or refuse to make a |                        | any creditor, including a b<br>ou owed a debt? | ank or financial institution | set off any amou         | ınts from your      |
|      | <b>V</b> | No   |                        |  |                              |                          |                     |
|      |          |  |                        |  |                              |                          |                     |
|      | Ш        | Yes. Fill in the details.                                  |                        |  |                              |                          |                     |
|      |          |  |                        | Describe the action the                        | creditor took                | Date action was taken    | Amount              |
|      |          |  |                        |  |                              |                          |                     |
|      |          | Creditor's Name  |                        |  |                              |                          |                     |
|      |          | Number Street  |                        |  |                              |                          |                     |
|      |          |  |                        |  |                              |                          |                     |
|      |          |  |                        | Last 4 digits of account r                     | number: XXXX-                |                          |                     |
|      |          |  |                        |  |                              |                          |                     |
|      |          | City State   | Zip Code               |  |                              |                          |                     |
|      |          | on, one  | p                      |  |                              |                          |                     |
| 12.  |          | hin 1 year before you filed<br>pointed receiver, a custodi |                        | any of your property in the  <br> ?            | oossession of an assignee f  | or the benefit of o      | creditors, a court- |
|      |          | No   |                        |  |                              |                          |                     |
|      | ⊻        | No   |                        |  |                              |                          |                     |
|      |          | Yes  |                        |  |                              |                          |                     |
|      |          |  |                        |  |                              |                          |                     |
| Part | 5:       | List Certain Gifts and (                                   | Contributions          |  |                              |                          |                     |
| 13.  | Wi       | ithin 2 years before you file                              | ed for bankruptcy, did | you give any gifts with a to                   | otal value of more than \$60 | 0 per person?            |                     |
|      | <b>~</b> | No   |                        |  |                              |                          |                     |
|      | Ě        |  | acab aift              |  |                              |                          |                     |
|      | L        | Yes. Fill in the details for                               | each girt.             |  |                              |                          |                     |
|      |          | Gifts with a total value of per person                     | f more than \$600      | Describe the gifts                             |                              | Dates you gave the gifts | Value               |
|      |          |  |                        |  |                              |                          |                     |
|      |          | Daniel La Milana Van Oran                                  | . 11 0'11              |  |                              |                          |                     |
|      |          | Person to Whom You Gave                                    | e the Gift             |  |                              |                          |                     |
|      |          | -  |                        | •  |                              |                          |                     |
|      |          |  |                        |  |                              |                          |                     |
|      |          | Number Street  |                        |  |                              |                          |                     |
|      |          |  |                        |  |                              |                          |                     |
|      |          | City State   | Zip Code               |  |                              |                          |                     |
|      |          | Person's relationship to yo                                | u                      |  |                              |                          |                     |
|      |          |  |                        |  |                              |                          |                     |
|      |          |  |                        |  |                              |                          |                     |
|      |          | Person to Whom You Gave                                    | e the Gift             |  |                              |                          |                     |
|      |          | Toron to Whom You day                                      | o tho diff             |  |                              |                          |                     |
|      |          |  |                        |  |                              |                          |                     |
|      |          | Normalia and Ohree et                                      |                        |  |                              |                          |                     |
|      |          | Number Street  |                        |  |                              |                          |                     |
|      |          | City State   | Zip Code               |  |                              |                          |                     |
|      |          | -  |                        |  |                              |                          |                     |
|      |          | Person's relationship to yo                                | u                      |  |                              |                          |                     |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 44 of 72

|          | Miguel A  |                               | Ortiz Ca  | se number <i>(if known)</i> |                             |                        |
|----------|---|-------------------------------|---|-----------------------------|-----------------------------|------------------------|
|          |   | liddle Name                   | Last Name   | · ,                         |                             |                        |
|          |   |                               |   |                             |                             |                        |
| . Wi     | thin 2 years before you filed for b   | ankruptcy, did y              | ou give any gifts or contributions wit                              | h a total value of n        | nore than \$600             | to any charity?        |
| ~        | No  |                               |   |                             |                             |                        |
| Ė        | Yes. Fill in the details for each g   | ift or contributio            | n   |                             |                             |                        |
|          | -   |                               |   |                             |                             |                        |
|          | Gifts or contributions to chariti   | ies                           | Describe what you contributed                                       |                             | Date you                    | Value                  |
|          | that total more than \$600  |                               |   |                             | contributed                 |                        |
|          |   |                               |   |                             |                             |                        |
|          | Charity's Name  |                               |   |                             |                             |                        |
|          |   |                               |   |                             |                             |                        |
|          |   |                               |   |                             |                             |                        |
|          | Number Street   |                               |   |                             |                             |                        |
|          |   |                               |   |                             |                             |                        |
|          | City State  | Zip Code                      |   |                             |                             |                        |
|          |   |                               |   |                             |                             |                        |
| t 6:     | List Certain Losses   |                               |   |                             |                             |                        |
|          | No Yes. Fill in the details.  Describe the property you lost how the loss occurred  | and                           | Describe any insurance coverage Include the amount that insurance h | as paid. List               | Date of your loss           | Value of property lost |
|          |   |                               | pending insurance claims on line 33 A/B: Property.                  | of Schedule                 |                             |                        |
|          |   |                               | Avb. Floperty.  |                             |                             |                        |
|          |   |                               |   |                             |                             |                        |
|          | List Certain Payments or Tra  |                               |   |                             |                             |                        |
|          | l No  |                               | credit counseling agencies for services r                           |                             |                             |                        |
| <b>✓</b> |   |                               |   |                             |                             |                        |
|          | Yes. Fill in the details.   |                               |   |                             |                             |                        |
|          | Yes. Fill in the details.   |                               | Description and value of any proper transferred                     |                             | Date payment<br>or transfer | Amount of payment      |
|          | '   |                               | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm   |                               |   | •                           | or transfer                 |                        |
|          | Semrad Law Firm<br>Person Who Was Paid  |                               | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm<br>Person Who Was Paid<br>20 S. Clark Street  |                               | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  |                               | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm<br>Person Who Was Paid<br>20 S. Clark Street  |                               | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street  | 60603                         | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor   | 60603<br>Zip Code             | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State   |                               | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois  |                               | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address  | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State   | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment, i   | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address  | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment, i   | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment, i   | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment, i   | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment, i   | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment, i   | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment, i Person Who Was Paid Number Street  City State | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment, i Person Who Was Paid Number Street             | Zip Code                      | transferred   | •                           | or transfer<br>was made     | payment                |
|          | Semrad Law Firm Person Who Was Paid 20 S. Clark Street Number Street 28th Floor Chicago Illinois City State Email or website address Person Who Made the Payment, i Person Who Was Paid Number Street  City State | Zip Code  f Not You  Zip Code | transferred   | •                           | or transfer<br>was made     | payment                |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 45 of 72

| Debtor 1 | Miguel   | Α                          | Ortiz                                      | Case number (if know    | n)   |                                  |
|----------|--|----------------------------|--|-------------------------|--|----------------------------------|
|          | First Name   | Middle Name                | Last Name                                  |                         |  |                                  |
| he       | thin 1 year before you file<br>Ip you deal with your cred<br>not include any payment o | litors or to make payn     |  | behalf pay or transfe   | er any property to a                       | nyone who promised to            |
| <b>✓</b> | No Yes. Fill in the details.   |                            |  |                         |  |                                  |
| _        | 100. Till ill tilo dotallo.  |                            | Description and value of any               | property                | Date                                       | Amount of payment                |
|          |  |                            | transferred                                | , ,,,                   | payment or<br>transfer was<br>made         |                                  |
|          | Person Who Was Paid  |                            | -  |                         |  |                                  |
|          | Number Street  |                            | -  |                         |  |                                  |
|          |  |                            | -  |                         |  |                                  |
|          | City State   | Zip Code                   |  |                         |  |                                  |
| <u>√</u> | d transfers that you have alro  No  Yes. Fill in the details.                          | eauy iisteu on tins statei |  | Describe a              |  | Data                             |
|          |  |                            | Description and value of propertransferred |                         | ny property or<br>received or debts p<br>e | Date<br>aid transfer was<br>made |
|          | Person Who Received Tra  | ansfer                     | -  |                         |  |                                  |
|          | Number Street  |                            | -  |                         |  |                                  |
|          | City State<br>Person's relationship to y   | Zip Code<br>ou             | -  |                         |  |                                  |
|          | Person Who Received Tra  | ansfer                     | -  |                         |  |                                  |
|          | Number Street  |                            | -  |                         |  |                                  |
|          | City State<br>Person's relationship to y   | Zip Code<br>ou             | -  |                         |  |                                  |
| be       | thin 10 years before you fineficiary?  |                            | d you transfer any property to a s         | elf-settled trust or si | milar device of whi                        | ch you are a                     |
| <u>~</u> | No Yes. Fill in the details.   |                            |  |                         |  |                                  |
|          |  |                            | Description and value of the               | property transferred    | d  | Date<br>transfer was<br>made     |
|          | Name of trust  |                            |  |                         |  |                                  |

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 46 of 72

Ortiz Debtor 1 Miguel Case number (if known) List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units Part 8: 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. Yes. Fill in the details. Last 4 digits of account Type of account or Date Last balance account was before number instrument closed, sold, closing or moved, or transfer transferred XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code XXXX-Checking Person Who Was Paid Savings Number Street Money market Brokerage Other City State Zip Code Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? Yes. Fill in the details. Who else had access to it? Describe the contents Do you still have it? No Name of Financial Institution Name Yes Number Street Number Street City State Zip Code City Zip Code State 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? Yes. Fill in the details. Do you still Who else had access to it? Describe the contents have it? No Name of Storage Facility Name Number Street Street Number

City

State

State

Zip Code

City

Zip Code

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 47 of 72

Ortiz Debtor 1 Miguel \_ Case number (if known) Part 9: Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Yes. Fill in the details. Where is the property? Describe the contents Value Owner's Name **NumberStreet** Number Street City State Zip Code Zip Code City State Part 10: **Give Details About Environmental Information** For the purpose of Part 10, the following definitions apply: ■ Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street Number Street City State Zip Code City State Zip Code 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Governmental unit Environmental law, if you know it Date of notice Name of site Governmental unit Number Street NumberStreet City State Zip Code City State Zip Code

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 48 of 72

| Debt |          | Miguel                  |                  | Α                  | Ortiz                        | Case                   | number <i>(if</i> | known)                         |                    |
|------|----------|-------------------------|------------------|--------------------|------------------------------|------------------------|-------------------|--------------------------------|--------------------|
|      |          | First Name              |                  | Middle Name        | Last Name                    |                        |                   |                                |                    |
| 26.  | Hav      | e you been a part<br>No | y in any judio   | cial or adminis    | trative proceeding unde      | er any environment     | tal law? In       | clude settlements and ord      | lers.              |
|      | Ħ        | Yes. Fill in the de     | tails.           |                    |                              |                        |                   |                                |                    |
|      | ш        | 100.1                   | icano.           |                    | Count or onenous             |                        | Noture of         | of the case                    | Chatus of the      |
|      |          |                         |                  |                    | Court or agency              |                        | nature (          | of the case                    | Status of the case |
|      |          | Case title              |                  |                    |                              |                        |                   |                                |                    |
|      |          |                         |                  |                    | O t N                        |                        |                   |                                | Pending            |
|      |          |                         |                  |                    | Court Name                   |                        |                   |                                | On appeal          |
|      |          | Case number             |                  |                    | NumberStreet                 |                        |                   |                                | LI On appear       |
|      |          |                         |                  |                    |                              |                        |                   |                                | Concluded          |
|      |          |                         |                  |                    | City State                   | Zip Code               |                   |                                |                    |
| Port | 11.      | Give Details Al         | hout Vour F      | Rueiness or C      | Connections to Any B         | ueinaee                |                   |                                |                    |
| rait |          | dive betails A          | bout rour i      | <u> </u>           | John Codons to Arry Di       | 4311033                |                   |                                |                    |
| 27.  | Witl     | hin 4 vears before      | vou filed for    | bankruptev. d      | id vou own a business o      | r have any of the fo   | ollowina c        | onnections to any busines      | ss?                |
|      |          | -                       | -                |                    | •                            | -                      | _                 | •                              |                    |
|      |          | A sole propri           | ietor or self-e  | employed in a t    | rade, profession, or othe    | er activity, either fu | III-time or p     | part-time                      |                    |
|      |          | A member of             | f a limited lial | bility company     | (LLC) or limited liability p | artnership (LLP)       |                   |                                |                    |
|      |          | A partner in            | a partnership    | <b>o</b>           |                              |                        |                   |                                |                    |
|      |          | An officer, di          | rector, or ma    | anaging execut     | tive of a corporation        |                        |                   |                                |                    |
|      |          |                         |                  |                    | equity securities of a co    | rporation              |                   |                                |                    |
|      |          |                         |                  |                    |                              | .  -                   |                   |                                |                    |
|      | <b>✓</b> | No. None of the a       | above applie     | es. Go to Part 1   | 2.                           |                        |                   |                                |                    |
|      |          | Yes. Check all the      | at apply abo     | ve and fill in the | e details below for each     | business.              |                   |                                |                    |
|      |          |                         |                  |                    | Describe the nat             | ture of the busines    | ss                | <b>Employer Identification</b> | number Do not      |
|      |          |                         |                  |                    |                              |                        |                   | include Social Security        | number or ITIN.    |
|      |          | D. Carron Maria         |                  |                    |                              |                        |                   | EIN:                           |                    |
|      |          | Business Name           |                  |                    |                              |                        |                   |                                |                    |
|      |          | Number Street           |                  |                    |                              |                        |                   | Dates business existed         |                    |
|      |          | riamber enece           |                  |                    | Name of accoun               | tant or bookkeepe      | er                |                                |                    |
|      |          | City                    | State            | Zip Code           |                              |                        |                   | From To                        |                    |
|      |          |                         |                  |                    |                              |                        |                   |                                |                    |
|      |          |                         |                  |                    |                              |                        |                   |                                |                    |
|      |          |                         |                  |                    |                              |                        |                   |                                |                    |
|      |          |                         |                  |                    | Describe the nat             | ture of the busines    | ss                | <b>Employer Identification</b> |                    |
|      |          |                         |                  |                    |                              |                        |                   | include Social Security        | number or ITIN.    |
|      |          | Business Name           |                  |                    |                              |                        |                   | EIN:                           |                    |
|      |          | Dusiness Name           |                  |                    |                              |                        |                   |                                |                    |
|      |          | Number Street           |                  |                    |                              |                        |                   | Dates business existed         |                    |
|      |          |                         |                  |                    | Name of accoun               | tant or bookkeepe      | er                |                                |                    |
|      |          | City                    | State            | Zip Code           |                              |                        |                   | From To                        |                    |
|      |          |                         |                  |                    |                              |                        |                   |                                |                    |
|      |          |                         |                  |                    |                              |                        |                   |                                |                    |
|      |          |                         |                  |                    |                              |                        |                   |                                |                    |
|      |          |                         |                  |                    | Describe the nat             | ture of the busines    | ss                | Employer Identification        |                    |
|      |          |                         |                  |                    |                              |                        |                   | include Social Security        | number or ITIN.    |
|      |          | Business Name           |                  |                    |                              |                        |                   | EIN:                           |                    |
|      |          | Dadinos Name            |                  |                    |                              |                        |                   |                                |                    |
|      |          | Number Street           |                  |                    |                              |                        |                   | Dates business existed         |                    |
|      |          |                         |                  |                    | Name of accoun               | tant or bookkeepe      | er                |                                |                    |
|      |          | City                    | State            | Zip Code           |                              |                        |                   | From To                        |                    |
|      |          |                         |                  |                    |                              |                        |                   |                                |                    |
|      |          |                         |                  |                    |                              |                        |                   |                                |                    |
|      |          |                         |                  |                    |                              |                        |                   |                                |                    |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 49 of 72

| Debt | tor 1 Miguel                  |                                    | Α                       | Ortiz                        | Case number (if known)   |
|------|-------------------------------|------------------------------------|-------------------------|------------------------------|--|
|      | First Name                    |                                    | Middle Name             | Last Name                    |  |
| 28.  |                               | rs before you filed other parties. | for bankruptcy, did yo  | u give a financial stateme   | ent to anyone about your business? Include all financial institutions,   |
|      | ✓ No  Yes. Fill               | in the details belov               | v.                      |                              |  |
|      |                               |                                    |                         | Date issued                  |  |
|      | Name                          |                                    |                         | MM/DD/YYYY                   |  |
|      | Numbe                         | r Street                           |                         | _                            |  |
|      | City                          | State                              | Zip Code                | -                            |  |
| Part | 12: Sign B                    | elow                               |                         |                              |  |
| t    | rue and corre<br>a bankruptcy | ect. I understand th               | nat making a false stat | tement, concealing prope     | ents, and I declare under penalty of perjury that the answers are rty, or obtaining money or property by fraud in connection with 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|      | •                             | /s/ Miguel Or                      |                         |                              |  |
|      |                               | Signature of Deb                   | itor i                  |                              | Signature of Debtor 2  |
|      |                               | Date 3/2/2018                      |                         |                              | Date   |
|      | Did you attac                 | n additional pages                 | to Your Statement of    | Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)?   |
| [    | ✓ No<br>Yes                   |                                    |                         |                              |  |
|      | Did you pay o                 | agree to pay som                   | eone who is not an att  | orney to help you fill out   | bankruptcy forms?  |
| Į į  | <b>√</b> No                   |                                    |                         |                              |  |
| Ì    | Yes. Nam                      | e of person                        |                         |                              | Attach the Bankruptcy Petition Preparer's Notice,<br>Declaration, and Signature (Official Form 119).   |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Page 50 of 72 Document

B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

|   | nortne  | rn District of Illinois  | •  |   |
|---|---|--|--|---|
| Miguel A Ortiz                                    |   |  | Case No.   |   |
| Debtor  |   |  | Observatory  | (If known)  |
|   |   |  | Chapter  | Chapter 13  |
| LOSURE OF   | COMPENS   | SATION OF AT   | TTORNEY  | FOR DEBTOR  |
| n paid to me within one                           | year before the fili  | ing of the petition in ban   | kruptcy, or agreed   | to be paid to me, for services  |
| ices, I have agreed to ac                         | cept  |  |  | \$4,000.00  |
| ing of this statement I h                         | ave received  |  |  | \$350.00  |
|   |   |  |  | \$3,650.00  |
| the compensation paid                             | to me was:  |  |  |   |
| ebtor   | Othe  | er (specify)   |  |   |
| the compensation paid                             | to me is:   |  |  |   |
| ebtor   | Othe  | er (specify)   |  |   |
|   |   | mpensation with any oth  | er person unless tl  | hey are   |
| or associates of my law                           | firm. A copy of th  | ne agreement, together w   |  |   |
|   | _   | -  | -  | • •   |
| ration and filing of any p                        | petition, schedules   | s, statements of affairs a   | nd plan which may  | y be required;  |
| sentation of the debtor                           | at the meeting of o   | creditors and confirmatio  | on hearing, and ang  | y adjourned hearings thereof;   |
| sentation of the debtor                           | in adversary proce  | edings and other contes  | sted bankruptcy ma   | atters;   |
| with the debtor(s), the                           | above-disclosed fo  | ee does not include the f  | following services:  |   |
|   |   |  |  |   |
|   |   |  |  |   |
|   | C   | CERTIFICATION  |  |   |
| e foregoing is a complet<br>nkruptcy proceedings. | e statement of any  | agreement or arrangem  | ent for payment to   | ome for representation of the   |
| 2018  |   | /s/ El   | izabeth Placek   |   |
| ite   |   | Signa  | ature of Attorney  |   |
|   |   | Sen  | nrad Law Firm  |   |
|   |   |  |  |   |
|   | Debtor  LOSURE OF (1) 1 U.S.C. § 329(a) and Fin paid to me within one of be rendered on behalf ideas, I have agreed to acting of this statement I have agreed to acting of this statement I have agreed to share the above-debtor and associates of my law e sharing in the compensation paid ebtor associates of my law e sharing in the compensation and filling of any part of the debtor associates of the debtor associates of the debtor association association as a complete association association association as a complete association association as a complete as a | Debtor  LOSURE OF COMPENS  1 U.S.C. § 329(a) and Fed. Bankr. P. 2016 In paid to me within one year before the fill to be rendered on behalf of the debtor(s) in tices, I have agreed to accept ting of this statement I have received  The compensation paid to me was: the compensation paid to me is: the compensation paid to me was: the compensation paid t | Miguel A Ortiz  Debtor  LOSURE OF COMPENSATION OF AT  1 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the paid to me within one year before the filling of the petition in band be rendered on behalf of the debtor(s) in contemplation of or in ordices, I have agreed to accept ing of this statement I have received  If the compensation paid to me was:  abbor   Other (specify)    If the compensation paid to me is:  abbor   Other (specify)    If the compensation paid to me is:  abbor   Other (specify)    If the compensation paid to me is:  abbor   Other (specify)    If the compensation paid to me is:  above disclosed compensation with any oth and associates of my law firm.  The ed to share the above-disclosed compensation with a other person associates of my law firm.  The above-disclosed fee, I have agreed to render legal service for allowing in the compensation, is attached.  The above-disclosed fee, I have agreed to render legal service for allowing in the debtor's financial situation, and rendering advice to the uptcy;  The above-disclosed fee, I have agreed to render legal service for allowing in the debtor of any petition, schedules, statements of affairs a sentation of the debtor at the meeting of creditors and confirmation sentation of the debtor in adversary proceedings and other context with the debtor(s), the above-disclosed fee does not include the sentation of the debtor of the above-disclosed fee does not include the sentation of the debtor at the meeting of creditors and confirmation of the debtor of the above-disclosed fee does not include the sentation of the debtor of the above-disclosed fee does not include the sentation of the debtor of the above-disclosed fee does not include the sentation of the debtor of the above-disclosed fee does not include the sentation of the debtor of the above-disclosed fee does not include the sentation of the debtor of the above-disclosed fee does not include the sentation of the debtor of the agreement of any agreement or arrangement of the agreement | Miguel A Ortiz  Debtor  Chapter  LOSURE OF COMPENSATION OF ATTORNEY  1 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the an paid to me within one year before the filling of the petition in bankruptcy, or agreed to be rendered on behalf of the debtor(s) in contemplation of or in connection with the destor of the received of the compensation paid to me was:  about Chapter  Other (specify)  It the compensation paid to me was:  about Chapter  Other (specify)  It agreed to share the above-disclosed compensation with any other person unless the analysis of the debtor of my law firm. A copy of the agreement, together with a list of the naide sharing in the compensation, is attached.  The above-disclosed fee, I have agreed to render legal service for all aspects of the basis of the debtor's financial situation, and rendering advice to the debtor in determination and filling of any petition, schedules, statements of affairs and plan which may sentation of the debtor at the meeting of creditors and confirmation hearing, and an sentation of the debtor in adversary proceedings and other contested bankruptcy mention of the debtor in adversary proceedings and other contested bankruptcy mention in the debtor of the debtor |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 51 of 72

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

# RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 52 of 72

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 53 of 72

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services.

  However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:    | 3/2/2018  |                        |
|----------|-----------|------------------------|
| Signed:  |           |                        |
| /s/ Migu | uel Ortiz |                        |
|          |           | /s/ Elizabeth Placek   |
| Debtor(s | s)        | Attorney for Debtor(s) |

Do not sign if the fee amounts at top of this page are blank.

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy,

and

Your debts are primarily consumer debts.

Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 Liquidation
- Chapter 11 Reorganization
- Chapter 12 Voluntary repayment plan for family farmers or fishermen
- Chapter 13 Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

### **Chapter 7: Liquidation**

|   | \$245 | filing fee         |
|---|-------|--------------------|
|   | \$75  | administrative fee |
| + | \$15  | trustee surcharge  |
|   | \$335 | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans;
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form - the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form - sometimes called the *Means Test* - deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### Chapter 11: Reorganization

|   | \$1,167 | filing fee         |
|---|---------|--------------------|
| + | \$550   | administrative fee |
|   | \$1,717 | total fee          |

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

|   | \$275 | total fee          |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$200 | filing fee         |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes.
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers,
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure.

# Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury either orally or in writing in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

# Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together - called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days **before** you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://www.justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to:
<a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a>
20AndDebtCounselors.aspx

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 60 of 72

### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:          | Ortiz, Miguel A                            | Case No   |                                      |
|-----------------|--|---|--------------------------------------|
|                 | Debtor(s)                                  |   |                                      |
|                 |  | Chapter   | Chapter13                            |
|                 | VERIFIC                                    | CATION OF CREDITOR MAT                                  | TRIX                                 |
| Th<br>knowledge | ne above named Debtors hereby verify<br>e. | that the attached list of creditors is to               | rue and correct to the best of their |
| Date:           | 3/2/2018                                   | /s/ Ortiz, Miguel<br>Ortiz, Miguel A<br>Signature of De |                                      |

CONSUMER FINANCIAL SVC 509 Green Bay Road Waukegan, IL, 60085

CREDIT CNTRL POB 5670 LITTLE ROCK, AR, 72215

CON FIN SVC 509 Green Bay Road Waukegan, IL, 60085

MERCHANTS CREDIT GUIDE 223 W JACKSON BLVD # 700 Chicago, IL, 60606

CONTRACT CALLERS INC 501 GREENE ST FL 3 AUGUSTA, GA, 30901

ComEd 1919 Swift Drive Oak Brook, IL, 60523

ILLINOIS DCFS 509 S 6th St Springfield, IL, 62701

Ortiz, Angie 509 S 6th St Springfield, IL, 62701

City of Chicago - Parking and red Light Tickets 121 N. LaSalle Street Chicago, IL, 60602

HARRIS & HARRIS LTD 222 Merchandise Mart Plaza, Suite 1900 Chicago, IL, 60654

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 62 of 72

| Debtor 1 Miguel First Name  | A Ort   | t Name Case n   | number (if known)  |                  |
|---|---|---|--|------------------|
|   | estions for Reporting Purposes  | tivalie   |  |                  |
| 16. What kind of debts do<br>you have?  | 16a. Are your debts primarily or "incurred by an individual p No. Go to line 16b.  Yes. Go to line 17.  16b. Are your debts primarily by                          | rimarily for a personal, famil<br>usiness debts? Business d<br>restment or through the ope                                      | debts are debts that you incurred to obtain eration of the business or investment.   |                  |
| 17. Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | expenses are paid that fun No.  |   | y exempt property is excluded and administrative to unsecured creditors?   | ve               |
| 18. How many creditors do you estimate that you owe?  | ✓ 1-49<br>☐ 50-99<br>☐ 100-199<br>☐ 200-999   | 1,000-5,000<br>5,001-10,000<br>10,001-25,000  | 25,001-50,000 50,001-100,000 More than 100,000   |                  |
| 19. How much do you estimate your assets to be worth?   |   | \$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$100 \$100,000,001-\$50  | million  | ion              |
| 20. How much do you estimate your liabilities to be?  |   | \$1,000,001-\$10 m \$10,000,001-\$50 r \$50,000,001-\$50 \$100,000,001-\$50   | million  | ion              |
| Part 7: Sign Below  | I have examined this petition, and  | I I declare under penalty of r  | perjury that the information provided is true  | and              |
| For you   | correct.  If I have chosen to file under Chapter 11, United States Code. It under Chapter 7.  If no attorney represents me and out this document, I have obtained | pter 7, I am aware that I may<br>understand the relief availab<br>I did not pay or agree to pay<br>ad and read the notice requi | proceed, if eligible, under Chapter 7, 11,12 ple under each chapter, and I choose to process of someone who is not an attorney to help marked by 11 U.S.C. § 342(b). | 2, or 13<br>beed |
|   | I understand making a false state   | ment, concealing property, one can result in fines up to \$   | ted States Code, specified in this petition.<br>or obtaining money or property by fraud in<br>\$250,000, or imprisonment for up to 20 year                           | rs, or           |
|   | Signature of Debtor 1   | 1. 04   | Signature of Debtor 2  |                  |
|   | Executed on 2/21/2018<br>MM / DD /  | YYYY  | Executed on  |                  |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 63 of 72

| Fill in this infor              | mation to identify your o                          | case:                             | <b>新兴州村</b>                             |   |               |
|---------------------------------|--|-----------------------------------|---|---|---------------|
| Debtor 1                        | Miguel   | Α                                 | Ortiz                                   |   |               |
|                                 | First Name   | Middle Name                       | Last Name                               | <del></del>   |               |
| Debtor 2                        |  |                                   |   |   |               |
| (Spouse, if filing)             | First Name   | Middle Name                       | Last Name                               |   |               |
| United States E                 | Bankruptcy Court for the:                          | Northern                          | District of Illinois                    |   |               |
| C                               |  |                                   | (State)                                 |   |               |
| Case number<br>(If known)       |  |                                   |   | <del></del>   |               |
|                                 |  |                                   |   | Check   | if this is an |
| Official                        | Form 106De   | eC .                              |   | amende  | led filing    |
| Dealered                        | ian Alasadan                                       | —<br>Janailla d'alessa I. Desla d |   |   |               |
| Declarat                        | ion About an                                       | Individual Debt                   | or's Schedule                           | <del>3</del> S  | 12/15         |
| If two married                  | people are filing togeth                           | er, both are equally respo        | nsible for supplying corr               | rect information.   |               |
| money or prop<br>U.S.C. §§ 152, | erty by fraud in connec<br>1341, 1519, and 3571.   |                                   |   | Making a false statement, concealing property, or obtain to \$250,000, or imprisonment for up to 20 years, or both. |               |
| Part 1: Sign                    | Below  |                                   |   |   |               |
| Did you p                       | ay or agree to pay som                             | eone who is NOT an attorn         | ey to help you fill out ba              | ankruptcy forms?  |               |
| <b>☑</b> No                     |  |                                   |   |   |               |
| Yes.                            | Name of person                                     |                                   | Attach Bankrupto<br>Signature (Official | cy Petition Preparer's Notice, Declaration, and<br>al Form 119).  |               |
|                                 | nalty of perjury, I decla<br>are true and correct. | re that I have read the sun       | nmary and schedules file                | ed with this declaration and  |               |

Signature of Debtor 2

MM/DD/YYYY

Date

Signature of Debtor 1

2/21/2018

MM/DD/YYYY

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 64 of 72

| Debtor  | 1 Miguel  | Α   | Ortiz                        | Case number (if known)  |
|---------|---|---|------------------------------|---|
|         | First Name  | Middle Name                                       | Last Name                    |   |
|         | ithin 2 years before you filed feditors, or other parties.  No Yes. Fill in the details below |   | you give a financial state   | ment to anyone about your business? Include all financial institutions,   |
| 6       | 4   |   | Date issued                  |   |
|         |   |   | Date losaea                  |   |
|         | Name  |   | MM/DD/YYYY                   | _   |
|         | Number Street   |   | _                            |   |
|         | Number Street   |   |                              |   |
|         | City State  | Zip Code  |                              |   |
|         | _   |   |                              |   |
| Part 12 | Sign Below /  |   |                              |   |
| true    | and correct. I understand the inkruptcy case can result in f                                  | at making a false s<br>ines up to \$250,000<br>iz | tatement, concealing pro     | hments, and I declare under penalty of perjury that the answers are perty, or obtaining money or property by fraud in connection with to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. |
|         | Signature of Debt   | or 1  |                              | Signature of Debtor 2   |
|         | Date 2/21/2018  |   |                              | Date  |
| Did     | you attach additional pages t   | o Your Statement                                  | of Financial Affairs for Inc | lividuals Filing for Bankruptcy (Official Form 107)?  |
|         | No /  |   |                              |   |
| 云       |   |   |                              |   |
|         | Yes   |   |                              |   |
| Did     | you pay or agree to pay some  | one who is not an                                 | attorney to help you fill o  | ut bankruptcy forms?  |
| V       | No  |   |                              |   |
|         | Yes. Name of person   |   |                              | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).   |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 65 of 72

### **UNITED STATES BANKRUPTCY COURT**

**Northern District of Illinois** 

| In re:   | Ortiz, Miguel A | Case No   |   |
|----------|-----------------|---|---|
| -        | Debtor(s)       | Case No.  |   |
|          |                 | Chapter. Chapter13  |   |
|          | VERIFICAT       | ION OF CREDITOR MATRIX  |   |
| knowledg |                 | the attached list of creditors is true and correct to the best of their |   |
| Date:    | 2/21/2018       | S(Ortiz, Miguel A Muguel A Cal  | 1 |
|          |                 | Ortiz, Miguel A Signature of Debtor                                     |   |

# Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 66 of 72

| Debto  | r 1      | Miguel                             | A   | Ortiz                    | Case number (if known)  |             |
|--------|----------|------------------------------------|---|--------------------------|---|-------------|
|        |          | First Name                         | Middle Name   | Last Name                |   |             |
| 16.    | Cal      | culate the median f                | amily income that applies to  | you. Follow these ste    | ps:   |             |
|        | 16       | a. Fill in the state in wh         | hich you live.  | Illinois                 | _   |             |
|        | 16l      | o. Fill in the number o            | f people in your household.   | 1                        | _   |             |
|        | 160      |                                    | mily income for your state and s  | ize of                   |   | \$51,317.00 |
|        |          | household<br>using the link specif | fied in the separate instructions f                                     |                          | nd a list of applicable median income amounts, go online may also be available at the bankruptcy clerk's office.      |             |
| 17.    | Ho       | w do the lines comp                | are?  |                          |   |             |
|        | 17a      |                                    |   |                          | nis form, check box 1, <i>Disposable income is not determined ation of Disposable Income</i> (Official Form 122C-2).  |             |
|        | 17t      | U.S.C. § 1325(                     |   | Calculation of Disp      | heck box 2, <i>Disposable income is determined under 11</i> osable Income (Official Form 122C-2). On line 39 of that  |             |
| Part 3 | 3:       | Calculate Your C                   | ommitment Period Under  | 11 U.S.C. §1325          | (b)(4)  |             |
| 18.    | Co       | py your total average              | e monthly income from line 11   |                          |   | \$2,875.00  |
|        |          |                                    |   |                          | e is not filing with you, and you contend that calculating the if your spouse's income, copy the amount from line 13. |             |
|        | 198      | a. If the marital adjustr          | ment does not apply, fill in 0 on                                       | line 19a.                |   | -\$0.00     |
|        | 19l      | o. Subtract line 19a               | from line 18.   |                          |   | \$2,875.00  |
| 20.    | Cal      | culate your current                | monthly income for the year.  | Follow these steps:      |   |             |
|        | 208      | a. Copy line 19b.                  |   |                          |   | \$2,875.00  |
|        |          | Multiply by 12 (the                | number of months in a year).  |                          |   | x 12        |
|        | 20l      | o. The result is your cu           | urrent monthly income for the ye  | ear for this part of the | form.   | \$34,500.00 |
|        | 200      | c. Copy the median fa              | mily income for your state and s  | size of household from   | n line 16c.   | \$51,317.00 |
| 21.    | Ho       | w do the lines comp                | are?  |                          |   |             |
|        | <b>✓</b> |                                    | lline 20c. Unless otherwise orde<br>is 3 years. Go to Part 4.           | ered by the court, on    | the top of page 1 of this form, check box 3, The  |             |
|        |          |                                    | n or equal to line 20c. Unless of<br>period is 5 years. Go to Part 4.   | therwise ordered by the  | he court, on the top of page 1 of this form, check box  |             |
| Part 4 | :        | Sign Below                         |   |                          |   |             |
|        |          |                                    |   |                          |   |             |
|        |          | By signing here, I de              | clare under penalty of perjury that                                     | at the information on    | this statement and in any attachments is true and correct.  |             |
|        |          | /s/ Miguel Or Signature of Deb     |   | Of:                      | Signature of Debtor 2   |             |
|        |          | Date 3/2/2018<br>MM/DD/Y           | <del>///</del> /  | 0                        | Date MM/DD/YYYY   |             |
|        |          |                                    | do NOT fill out or file Form 1220<br>fill out Form 122C-2 and file it w |                          | e 39 of that form, copy your current monthly income from line   | 14          |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 67 of 72

B2030 (Form 2030) (12/15)

### **UNITED STATES BANKRUPTCY COURT**

### **Northern District of Illinois**

| In re | Miguel A Ortiz   |  | Case No.                           |                                  |
|-------|--|--|------------------------------------|----------------------------------|
|       | Debtor   |  |                                    | (If known)                       |
|       |  |  | Chapter                            | Chapter 13                       |
|       | DISCLOSURE OF  | COMPENSATION                             | OF ATTORNEY F                      | OR DEBTOR                        |
| 1.    | Pursuant to 11 U.S.C. § 329(a) and F compensation paid to me within one rendered or to be rendered on behalf | year before the filing of the pet        | tition in bankruptcy, or agreed to | o be paid to me, for services    |
|       | For legal services, I have agreed to ac  | cept                                     |                                    | \$4,000.00                       |
|       | Prior to the filing of this statement I h  | ave received                             |                                    | \$350.00                         |
|       | Balance Due  |  |                                    | \$3,650.00                       |
| 2     | . The source of the compensation paid  | to me was:                               |                                    |                                  |
|       | <b>✓</b> Debtor  | Other (specify)                          |                                    | 1 200-1                          |
| 3     | . The source of the compensation paid  | to me is:                                |                                    | 100                              |
|       | Debtor   | Other (specify)                          |                                    |                                  |
| 4     | I have not agreed to share the abomembers and associates of my la  | ove-disclosed compensation v<br>aw firm. | with any other person unless the   | ey are                           |
|       | I have agreed to share the above-<br>members or associates of my law<br>the people sharing in the comper     | firm. A copy of the agreement            |                                    |                                  |
| 5     | . In return for the above-disclosed fee,   | I have agreed to render legal s          | ervice for all aspects of the banl | kruptcy case, including:         |
|       | <ul> <li>a. Analysis of the debtor's finantial bankruptcy;</li> </ul>  | cial situation, and rendering ac         | dvice to the debtor in determinin  | ng whether to file a petition in |
|       | b. Preparation and filing of any p   | petition, schedules, statements          | s of affairs and plan which may l  | be required;                     |
|       | c. Representation of the debtor  | at the meeting of creditors and          | d confirmation hearing, and any    | adjourned hearings thereof;      |
|       | d. Representation of the debtor  | in adversary proceedings and o           | other contested bankruptcy mat     | ters;                            |
| 6     | . By agreement with the debtor(s), the   | above-disclosed fee does not i           | include the following services:    |                                  |
|       |  |  |                                    |                                  |
|       | · · · · · · · · · · · · · · · · · · ·  | CERTIFICAT                               | TION                               |                                  |
|       | certify that the foregoing is a completeor(s) in this bankruptcy proceedings.                                | e statement of any agreement of          | or arrangement for payment to r    | me for representation of the     |
|       | 2/21/2018  |  | /s/ Elizabeth Placek               |                                  |
|       | Date   |  | Signature of Attorney              |                                  |
|       |  |  | Semrad Law Firm                    |                                  |
|       |  |  | Name of law firm                   |                                  |
|       |  |  |                                    |                                  |

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 68 of 72

### UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

## RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

#### A. BEFORE THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

#### THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.

Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 69 of 72

6. Advise the debtor of the need to maintain appropriate insurance.

#### B. AFTER THE CASE IS FILED

#### THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.

### Case 18-06055 Doc 1 Filed 03/02/18 Entered 03/02/18 14:11:26 Desc Main Document Page 70 of 72

- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

# C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3.If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

#### D. RETAINERS AND PREVIOUS PAYMENTS

- 1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.
- The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:
- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:

  Client understands that any funds that client is rendering to The Semrad Law Firm, LLC as part of the advance payment retainer shall immediately become the property of The Semrad Law Firm, LLC in exchange for a commitment by The Semrad Law Firm, LLC to provide the legal services described above. Said funds will be deposited into the main bank account owned by The Semrad Law Firm, LLC and will be used for general expense of the firm. Client further understands that it is ordinarily the client's option to deposit funds with an attorney that shall remain client's property as security for future services. However, The Semrad Law Firm, LLC does not represent clients under such a security retainer because the preparation of a bankruptcy cases requires many disparate tasks and functions for the attorney and support staff; some of which require legal expertise while other may be only ministerial in nature. Client further understands that the benefit that client is receiving under the fee arrangement is the commitment of The Semrad Law Firm, LLC to perform any and all work reasonably necessary to represent client's interest absent any extraordinary circumstance.
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filling, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

#### E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

#### F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee in the case and other expenses of \$371.76
- 3. Before signing this agreement, the attorney has received, \$350.00 toward the flat fee, leaving a balance due of \$3,650.00; and \$61.76 for expenses, leaving a balance due of \$4,021.76
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date:     | 2/21/2018              |                        |  |  |  |
|-----------|------------------------|------------------------|--|--|--|
| Signed:   |                        |                        |  |  |  |
| /s/ Migue | el Ortiz Myel A - Osty |                        |  |  |  |
|           |                        | /s/ Elizabeth Placek   |  |  |  |
| Debtor(s) |                        | Attorney for Debtor(s) |  |  |  |

Do not sign if the fee amounts at top of this page are blank.